COVID-19 Questionnaire

IMPORTANT NOTE

This form only needs to be completed and submitted before your first in-person visit.

Your Name:

Current Address:

Email Address:

Mobile Phone Number:

IMPORTANT ADVICE

- If you have any of the following symptoms or are feeling unwell, please do not attend the session: Fever; a new and continuous cough; loss of taste or smell

- If a member of your household has any of the above symptoms and is waiting for a test, please self-isolate and do not attend until the results are known.

- Please also refrain from attending a session if you have any of the following symptoms and these are new and unexplained: shortness of breath; fatigue; loss of appetite; muscles aches and pains; sore throat; headache; nasal congestion; diarrhoea; nausea and vomiting.

- If you have knowingly been in close contact with anyone who has tested positive for Covid-19 in the last 14 days, please do not attend until 14 days from that contact have elapsed.

- If you have any of the above, we will need to reschedule your appointment or undertake a remote session.

- **Further advice is available from the NHS Coronavirus Service:** https://www.nhs.uk/conditions/coronavirus-covid-19 or call 111 for advice.

You and COVID-19

Questions	Yes	No
1. Have you had, or suspect you have had Covid-19 Coronavirus?		
If yes, when?		
Was this diagnosed by means of a positive test result?		
2. Have you attended the Emergency Department or been admitted to hospital due to Covid-19 symptoms?		
3. Are you still experiencing symptoms post Covid-19? If yes, please list them:		
4. Have you had a Covid-19 Vaccination?		
If yes, please state the following: 1st Injection Date: 2nd Injection Date:		

More about you

Questions	Yes	No
5. Are you an NHS front line worker?		
6. Are you a carer in a care home?		
7. Are you considered to be at extra risk (i.e. clinically vulnerable)?		
8. Do you have a family member who is vulnerable or extremely vulnerable?		
9. Are you pregnant? If yes, how many weeks?		
10. Are you allergic to specific cleaning products? If yes, please give details:		

Your Signature

I confirm that the above information is accurate and give consent for my contact details to be given to NHS Test and Trace should this be required.

I have read and understood the “Important Advice” and will inform you about any future change in my circumstances.

On attendance of my appointment, I confirm I will always wear a face covering or face mask on entering and whilst in the building. I will also sanitise my hands on entering and leaving the office.

I understand that I must provide my own refreshments, if required.

I also understand that any waste I may generate is my responsibility to dispose of away from the office. I also agree to minimise the amount of baggage or shopping I bring to sessions.

Signed:

Dated:

Thank you for providing the above information, which will be stored securely and used in complete confidence.

Please complete this form, save it to your computer, and email it as an attachment.