

## Covid 19 Screening Form - prior to each appointment.

### Why you are being asked to complete this form

Our regulator (GOSC) and professional body (Institute of Osteopathy) require us to risk assess our patients prior to each face-to-face appointment.

All current guidance on improved infection control and the use of personal protective equipment is being followed.

Please complete the online questionnaire below before your treatment. Please consider your answer carefully to ensure that both you, me and my other patients are safe. Failure to complete the form may mean that I am unable to treat you.

### Have you tested positive for the Corona Virus

yes  No

### Have you knowingly been in contact with someone with Corona Virus Symptoms in the last 14 days or been asked to self isolate

yes  no

### Have you experienced any of the following symptoms in the last 2 weeks?

Fever  persistent dry cough  unusual fatigue  shortness of breath/difficulty breathing

New loss of sense of smell or taste

### Are you a key worker or do you live with a key worker?

yes  no

### Have you had to self-isolate any time in the last month?

yes  no

### Have you (or someone you live with ) been identified as being Very High Risk and added to the Shielded Patient List?

yes  no

### Do you (or someone you live with ) have any conditions that would put you at high risk if you contracted the virus?

COPD or other Respiratory condition - asthma, emphysema, bronchitis  Heart Disease

Diabetes  recent Chemotherapy or other targeted cancer treatments

undertaking immuno-suppression therapies - e.g organ transplant  pregnant

Chronic Kidney or liver disease

have a condition affecting brain or nerves - Parkinson's, Motor Neurones, Multiple Sclerosis or Cerebral Palsy

Obese - BMI 40 or over  other

**please add any further information here.**

**If you answered yes to any of the questions above please give further details below:**

