

Patient Screen & Covid Screen – initial visit

Please complete this form as fully as possible and provide all contact details.

| | |
|--|--|
| First name | |
| Surname | |
| Date of birth | |
| Contact number for use on day of treatment | |
| Email address | |
| Date | |
| Emergency contact name and telephone number | |

| Please answer yes or no to the following- provide further details in your email reply as appropriate. | Yes /No |
|--|----------------|
| Have you ever had an organ transplant? | |
| Are you undergoing chemotherapy, radiotherapy or any cancer treatments? | |
| Do you have a history of any type of cancer? | |
| Have you had any bone marrow or stem cell transplants in the last 6 months? | |
| Do you take any immunosuppressant medication? | |
| Do you take any medications that increase your risk of getting infections? | |
| Do you suffer with any lung conditions? (such as cystic fibrosis, asthma or COPD)? | |
| Do you suffer any conditions that means you have an above average risk to getting | |
| Do you suffer with any condition affecting the brain or the nerves, such as MS, MND, | |
| Do you have any heart, liver or kidney issues? | |
| Are you diabetic? | |
| Are you classed as obese, with a BMI over 40? | |
| Are you pregnant? | |
| Are you aged 70 or over? | |
| Do you have any active Covid symptoms-cough, sore throat, high temperature, altered sense | |
| Have you been advised to self- isolate, shield or remain at home? | |
| Have you been tested positive for Covid or are you awaiting test results? | |
| Have you been in contact with anyone within the last 14 days who either has Covid | |
| Are you a front line worker who has been exposed to Covid-19 patients within the last 14 | |
| Have you left the UK within the last 14 days? | |
| Have you been on an aircraft within the last 14 days? | |
| Have you travelled within any of the government lockdown areas/risk areas within the last 14 | |
| Do you live with anyone classed as high risk or who has been shielded? | |
| Have you had your 1 st Covid Vaccine? Date of Vaccine | |
| Have you had your 2 nd Covid Vaccine? Date of Vaccine | |

I solemnly and sincerely declare that the information I have provided is true and correct and I make this solemn declaration conscientiously believing the same to be true. If any person should suffer as a result of the information being found to be untrue and false, then I am aware I can be prosecuted for making a false declaration.

Signed.....Dated.....