

Harding Physiotherapy Ltd COVID-19 Screening Form prior to clinic attendance (09/09/20)

To be completed by the client (via email, telephone, remote video conferencing or face to face before you enter the clinic) **prior to attending for every face to face appointment.** You will be asked to answer the questions on this form each time you attend.

Please note this information is required to help us to manage the risk from Coronavirus to you, our staff and to other service users.

Your data may also be used to assist us in contact tracing, if required, at a later date.

Name	
DOB	
Address	
Date and time of appointment	

	YES	NO
Do you or any member of your household/family have a confirmed COVID-19 diagnosis?		
Are you or any member of your household/family waiting for a COVID-19 test result?		
Have you travelled internationally in the past 14 days? If YES please detail where, including any transit stops		
Have you had contact with someone with a confirmed COVID-19 diagnosis, or been in isolation with a suspected case in the last 14 days?		
Do you have any of the following? 1. High temperature or fever? 2. New, continuous cough? 3. A loss or alteration to taste or smell?		

Staff Use:

Checked verbally on arrival at clinic

Risk category

Signed.....

Date.....