**YOUR LOGO**

**CONSULTATION & CONSENT DOCUMENT – SPECIFIC COVID-19 SCREENING**

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME** |  | | |
| **FULL ADDRESS** |  | | |
| **POST CODE** |  | | |
| **EMAIL ADDRESS** |  | | |
| **MOBILE NUMBER** |  | | |
|  | | | |
| **TESTING** | | | |
| Have you had a Covid-19 test | | YES | NO |
| Did you self-isolate | | YES | NO |
| What was the date you tested negative | |  | |
| Do you still have symptoms | | YES | NO |
| Are you registered on the NHS Track & Trace app | | YES | NO |
| **SYMPTOMS -** Are you experiencing any of the following? | | | |
| Severe breathing difficulties or chest pain | | YES | NO |
| Difficulty in waking or confusion | | YES | NO |
| **If yes to any of the above call 999** | | | |
| Fever | | YES | NO |
| Previous symptoms getting worse: cough | | YES | NO |
| Sore throat or runny nose | | YES | NO |
| **If any of the above, the advice is to self-isolate for 7 days** | | | |
| Chills or headache | | YES | NO |
| Painful swallowing | | YES | NO |
| Muscle & joint ache | | YES | NO |
| Fatigue or exhaustion | | YES | NO |
| Loss of taste or smell | | YES | NO |
| **If any of the above, the advice is to self-isolate for 7 days. Then taking a test will be necessary. Call 119** | | | |
| Shortness of breath or difficulty lying down due to chest issues | | YES | NO |
| **If any of the above, contact your GP or call 111** | | | |
| Have you been in contact with anyone with Covid-19 symptoms? | | YES | NO |
| Have you had or are you now experiencing Covid-10 symptoms? | | YES | NO |
| Are you taking your temperature regularly? If so, what is the latest? | | YES | NO |
| Have you recently been hospitalised? | | YES | NO |
| If so, why – please describe: | | | |
| **Do you have any of the following health issues** | | | |
| High blood pressure or other heart condition | | YES | NO |
| Diabetes Type 1 or 2 – if so, which? | | YES | NO |
| Cancer | | YES | NO |
| Lung condition | | YES | NO |
| Any other conditions – please list: | | | |
| **Are you?** | | | |
| An NHS front line worker | | YES | NO |
| A carer – home or care home | | YES | NO |
| Shielding a vulnerable adult | | YES | NO |
| Pregnant – how many weeks? | | YES | NO |
| Over 70 – will you have a companion with you? | | YES | NO |
| Allergic to latex gloves | | YES | NO |
| Allergic to cleaning products – if yes please specify | | YES | NO |
| **SIGNED**  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.  If either I or someone I have been in contact with tests positive for Covid-19 or have been contacted by NHS Track & Trace I will inform you.  I consent for you to inform NHS Track & Trace if so required.  Full name: ………………………………………………  Date: ……………………………… | | | |

**THERAPIST DECLARATION & CONSENT FORM – COPY FOR CLIENT**

|  |  |
| --- | --- |
| **FULL NAME** |  |
| **FULL ADDRESS** |  |
| **POST CODE** |  |
| **EMAIL ADDRESS** |  |
| **MOBILE NUMBER** |  |
|  | |
| I do not have Covid-19 to my knowledge | |
| I have/ have not been tested for Covid-19 | |
| The test was negative | |
| I take my temperature every day | |
| I have not been in contact with anyone with Covid-19, to my knowledge | |
| I am connected to the NHS Track & Trace app | |
| If either I, or a client, tests positive for Covid-19 I will inform you immediately | |
| **SIGNED**  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.  Full name: ………………………………………….  Date: ………………………………. | |