

COVID-19 CONSULTATION & CONSENT DOCUMENT

FULL NAME				
FULL ADDRESS				
POST CODE				
EMAIL ADDRESS				
MOBILE NUMBER				
Are you registered on a Test & Trace app?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
TESTING & VACCINATIONS				
Have you had a Covid vaccination? If so, when?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you had a positive Covid test in the past 14 days? (Either lateral flow or NHS PCR)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you been in contact with anyone with either Covid-19, or having Covid-19 symptoms, in the past 14 days?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Has anyone in your household been in contact with anyone with either Covid-19, or Covid-19 symptoms, in the past 14 days?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If you replied yes to any of the last 3 questions, you should self-isolate according to government advice.				
SYMPTOMS - Have you experienced any of the following in the last 7 days?				
Fever	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Persistent cough or having breathing difficulties	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Loss of taste or smell	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If you replied yes to any, then you should organise a Covid test and isolate until the results are known.				
Have you developed <u>any</u> additional medical conditions since the initial/previous consultation?				
Examples: pregnancy, surgery, long covid, hospitalisation etc.	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Details:				
Have you?				
Arrived in the UK from abroad in the last 14 days?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If so from where:				
Travelled within the UK in the last 14 days?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If so, where:				

Are you?				
Allergic to latex gloves or any cleaning products. Please specify	YES		NO	
Are you a higher risk individual? (If so, please indicate which)				
<ul style="list-style-type: none"> • older male • have a high body mass index (BMI) • have a health condition such as diabetes • are from a Black, Asian or minority ethnic (BAME) background 	YES		NO	
SIGNED				
<p>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.</p> <p>If any person should suffer as a result of this information being found to be untrue and false, then I am aware I can be prosecuted for making a false declaration.</p> <p>Should anyone I have been in direct contact with over the past 14 days tests positive for Covid-19 I will take advice from NHS Test & Trace, my GP, 111 and 119 as to whether it is necessary to inform you</p> <p>Full name:</p> <p>Date:</p>				