

Dear

To help reduce unnecessary contact, an initial consultation may now be done online. To ensure the safety of all parties and to stop the further spread of the COVID-19 virus, please complete the below questions as honestly and accurately as possible prior to your appointment date.

Please return the completed form by email to: _____

First Name: _____

Last Name: _____

Email: _____

Address: _____

_____ post code: _____

Telephone No: _____

Mobile No: _____

1. Have you or anyone in your household had or been tested for COVID-19?
Yes / No

2. Have you or anyone in your household had any of the following symptoms in the last 14 days: dry cough, fever, high temperature, shortness of breath, loss of sense of taste or smell, sore throat?
Yes / No

3. Have you been in close contact with anyone with confirmed COVID-19 without wearing appropriate PPE?
Yes / No

4. Have you travelled outside of the UK in the past 14 days? Are you in the high-risk category (clinically extremely vulnerable) as defined by the UK government?
Yes / No

5. Are you in the moderate risk category (clinically vulnerable) as defined by the UK government?
Yes / No

Any additional comments:

Client
Signed: _____

Date: _____