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CORONAVIRUS: PRE-ATTENDANCE SCREENING FORM

ALL INFORMATION BELOW IS CONFIDENTIAL AND WILL BE HELD SECURELY IN LINE WITH GDPR LEGISLATION.

- PLEASE DELETE OR CIRCLE APPLICABLE ANSWER.
- THERE ARE 3 PAGES TO COMPLETE

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- | | |
|--|---------------|
| 1. Do you have a fever at present? | YES NO |
| 2. Are you experiencing any cold or flu-like symptoms at present? | YES NO |
| 3. Do you have a new continuous cough? (>3 coughing episodes a day) | YES NO |
| 4. Have you had any breathing difficulties recently? | YES NO |
| 5. Have you experienced any changes to your smell or taste? | YES NO |
| 6. Are you experiencing tiredness and lethargy that is out of the ordinary/ unusual for you? | YES NO |
| 7. Have you had unexplained episodes of diarrhoea recently? | YES NO |
| 8. Are you taking any medications to stop a fever? e.g. paracetamol? | YES NO |
| 9. Do you live with a vulnerable person who is at a higher risk of contracting Coronavirus? | YES NO |
| 10. Have you knowingly been exposed or come into contact with anyone with a suspected 'active' or confirmed case of Coronavirus? | YES NO |
| 11. Have you been self-isolating due to symptomatic family members in the last few weeks? | YES NO |
| 12. Have you ever tested positive for Coronavirus? | YES NO |
| 13. Do you have any chronic medical conditions that place you at higher risk of contracting the Coronavirus? | |

- a. Have you had an organ transplant? **YES NO**
- b. Are you having chemotherapy or radiotherapy? **YES.NO**
- c. Do you have a severe lung condition (asthma, cystic fibrosis etc.)? **YES NO**
- d. Do you have a severe heart condition? **YES NO**
- e. Are you diabetic? **YES NO**
- f. Are you taking high doses of steroids long term? **YES NO**
- g. Other conditions not listed, please elaborate below?

- 14 Do you suffer with allergies or chest conditions that make you cough and sneeze e.g. asthma or hay fever? **YES NO**
- 15 Are you pregnant or actively trying to get pregnant? **YES NO**
- 16. Are you 70 years or older in age? **YES NO**
- 17. Are you from a Black, Asian or Minority Ethnic (BAME) background? **YES NO**
- 18. Do you have a waist size > 37 inches or 94cm (for men) and > 31 inches or 80cm (for women) **YES NO**

CONSENT

1. I am aware that there is currently no vaccine for the Coronavirus.	YES NO
2. I am aware that attending a face-to-face consultation increases the risk of transmission and exposure of the Coronavirus.	YES NO
3. I am aware of the close patient contact required during manual treatment and aware of the risks of transmission and exposure.	YES NO
4. I have read the Coronavirus client guidance provided by Welbeck Health of all the reasonable health and safety measures that they are taking. This includes information about infection control measures and the level of PPE that the Therapist will be wearing, to help reduce risk of transmission.	YES NO
5. I am aware I can have a 'remote' appointment.	YES NO
6. I consent to attending a face-to-face consultation.	YES NO

Signed

Date

Print name