

COVID-19 Triage QUESTIONNAIRE

Stella Arden & Associates, Osteopaths and Complementary Therapists at Louth
and Woodhall Spa

We ask you to answer the following questions truthfully and to the best of your ability.

This is to assess and minimise the risks to yourself and others, of infection by Coronavirus (or other nasties) when you attend a face-to-face appointment.

Your name.....Your date of birth..... Today's date.....

Your email address..... Your phone number.....

Have you ever had a COVID-19 test?

- | | | | | |
|--------------------------|---------------------------|-------------------|-------|------|
| <input type="checkbox"/> | What sort of test was it? | antibody, antigen | When? | Why? |
| <input type="checkbox"/> | What were the results? | positive/negative | | |

Current health status:

- How well are you feeling now?
- Have you experienced any unusual loss of your sense of smell or taste, lethargy, high temperature, diarrhoea, headaches, dizziness, a new cough, etc. in the last 14 days?
- How long have you felt like this? (Please write)

Your Risk if you should become ill (Category):

- Were you born before 1950? YES/NO

- Have you received a letter from your doctor telling you that you are in a medical "Category" such as clinically vulnerable, or extremely clinically vulnerable? YES/NO

- Are you pregnant, if so, when is your baby due? YES/NO DUE

General Medical History:

- Do you have any history of diabetes or of cardiovascular problems (heart, blood, blood vessel or stroke)? Please give details:

Please turn over the page

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- Are you undergoing any medical treatment at present, or have you in the last 4 months/ever, e.g. any medication, immunosuppressants such as for autoimmune disease, or an organ transplant (including skin grafts) or are you undergoing hormone treatment e.g. HRT, thyroxine, fertility treatment, anticancer treatment (such as leukaemia, prostate or mammary cancer etc), gender transformation treatment or other long-term treatment?

(Please give details)

- Do you have hayfever, asthma, snuffles? Any other respiratory problems?

Risks to Others at Home:

- Do you live with/are you in a social “bubble” with anyone who is in any special Category, or shielding?
Please explain:

Think about your possible exposure to the virus:

- Have you returned from any travel abroad (e.g. Spain, France) or from an area of higher risk of Coronavirus transmission (e.g. Manchester, Bradford) in the last 4 weeks?
- Where did you visit? When did you return?
- How many people are in your household?
- Do they have much contact with others?
- How often do you have contact with others? Please give details:

- For instance, have you been avoiding contact with everyone/ your family/ your friends?

OR

- Are you working/ shopping/ attending school/ nursery/ seeing grandchildren as normal? What exposure do you have e.g. essential worker, in a team, in a shop, lone working, Please give details:
- Please give an estimate of the number of times you have been within 2 metres of anyone outside your household for longer than 10 minutes in the last 2 weeks, with or without a face covering (e.g. meetings, waiting in a crowd, etc):

Please see next page

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What we expect of you:

- To promise to inform the staff at Stella Arden & Associates if you should become unwell during the treatment or within 10 days afterwards

- To understand that WE CANNOT GUARANTEE THAT THERE IS ABSOLUTELY NO RISK of contracting the coronavirus when visiting our practice for treatment, despite our best efforts and careful implementation of the new protocols

I have completed this questionnaire honestly and to the best of my ability, in order to agree to the terms of treatment in safety, at the behest of Stella Arden & Associates

(please sign here)

Signed dated.....

Advice for your next visit:

- Please bring a clean towel or washable light blanket in a plastic bag if you feel you may need extra warmth. We air the treatment room for 20 minutes between patients, so the room may not feel as warm as normal.
- On arrival, please remain in your car, so that we can ensure that the full sanitizing and ventilating process has been completed; you will be called in when it is safe to enter. Please ring the office (only if you are at the **Louth** practice) to inform the receptionist of your presence. Please wear your mask as you enter, you will be asked to wash your hands thoroughly as soon as you arrive.
- When you have settled in, you will be asked to complete a consent form which states that you accept these conditions for face-to-face consultation.
- Please note that payments are accepted in the form of BACS and cheques and cash, and our prices have been revised since Lockdown.

Thank you for completing this questionnaire. Please email it back to us or print it out and bring it with you ready to complete before your consultation can begin. It helps us a great deal and serves to reassure both patients and staff that we take your health seriously. In this way, we aim to help our community (and the world!) beat the Coronavirus.

For further information, contact info@stellaardenassociates.co.uk, or ring 01507 608166

We will phone you before your appointment to confirm these answers are still valid, and to check that we are all well enough to attend.