

Patient Name:

Date:

	Yes	No
Are you feeling well?		
Patient's temperature		
Do you have a new continuous cough?		
Recent loss in taste and or smell		
Does anyone in your household have any of these symptoms?		
Are you or is anyone in your household self-isolating because of symptoms or because you are waiting for the results of a COVID test?		
Are you quarantining because you have recently returned from a non-exempt country?		
Have you or has anyone in your household been contacted by Test and Trace and told to self-isolate?		
<b>Patient Signature</b>		
Have you recently lost your appetite?		
Have you recently noticed more sputum production than usual?		
Are you experiencing aches and pains?		
Do you have a sore throat?		
Have you got or recently had, diarrhoea?		
Have you experienced nausea or vomiting recently?		
Have you got or have you recently had an unexplained headache?		
Have you noticed a new skin rash/discolouration of your fingers or toes?		
Have you become breathless or are you more breathless than usual?		
<b>Patient Signature</b>		