**COVID-19 SCREENING QUESTIONNAIRE**

**Name: Date of birth:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Have you been in close contact with anyone diagnosed with COVID-19 or SARS-CoV-2 infection in the past 2 weeks? | | | Yes |  | No |  |
|  | | | | | | | |
| 2. | Have you been in close contact with anyone with the symptoms listed below in the past 2 weeks? | | | Yes |  | No |  |
|  | | | | | | | |
| 3. | In the past 48 hours, have you had any of the following NEW symptoms? (Tick all that apply) | | | | | | |
|  | | | | | | | |
|  | | a. | Fever of 37.8˚C or above, or possible fever symptoms like alternating chills and sweating |  |  |  |  |
|  | | b. | Cough |  |  |  | |
|  | | c. | Trouble breathing, shortness of breath, wheezing |  |  |  | |
|  | | d. | Muscle aches |  |  |  |  |
|  | | e. | Sore throat |  |  |  |  |
|  | | f. | Loss of smell or taste, or change of taste |  |  |  |  |
|  | | g. | Nausea, vomiting or diarrhoea |  |  |  |  |
|  | | h. | Headache |  |  |  |  |
|  | | i. | None of the above |  |  |  |  |
|  | | | | | | | |
| 4. | Have you ever previously tested positive for SARS-CoV-2 infection (either by swab or antibody test)? | | | Yes |  | No |  |
|  | | | | | | | |
| 5. | If answers to any of the above are Yes, please provide further details (including dates) in the box below: | | | | | | |
|  | | | | | | | |

**Signed: Date completed:**

**COVID- 19 CONSENT TO TREATMENT FORM**

In order to stay open and service your needs at this time, please read the following statement and sign that you consent to treatment.

Coronavirus is most easily spread through close contact with a contaminated person. The most likely mechanism is through respiratory droplets produced when an infected person coughs or sneezes. However, the virus is known to survive on various surfaces for up to 72 hours. It is likely that a person may be contagious even when they display no symptoms of COVID-19.

Please read our COVID-19 SPECIAL MEASURES page for carrying out chiropractic treatment - available on our website [www.bruntsfieldchiro.co.uk](http://www.bruntsfieldchiro.co.uk) or you will find a copy in the Clinic. It is impossible for us to guarantee that Bruntsfield Chiropractic Clinic is entirely free of coronavirus, but as you can see, we are doing everything possible to minimise the risk to you.

**High Risk:** some people are at higher risk from COVID-19. We try to screen such patients out before they arrive in the Clinic, but if you are aged over 70, pregnant, immuno-compromised or have significant other health concerns e.g. diabetes, COPD, **you are strongly advised NOT to receive treatment.**

**Ultimately, we are doing all that we reasonably can to minimise risk whilst remaining open. However, we cannot eliminate risk, especially as COVID-19 can be spread by those showing no symptoms.**

I understand that there is a risk of transmission of COVID-19 as a result of attending Bruntsfield Chiropractic Clinic.

I agree that Bruntsfield Chiropractic Clinic cannot accept responsibility for transmission of COVID-19 should I become infected.

I have had the chance to ask any questions I wish to and understand that I can discontinue treatment at any stage if I choose to do so.

**Signed:** Date:

**Name:**

If you are under 16 years of age, this consent should be signed by a parent or guardian.