

Solihull Orthodontic Centre Pre-appointment Covid-19 Questionnaire

Please answer all questions accurately at least 48 hours before your appointment and again on the day of your appointment, then bring this form with you to your appointment.

Name: Signature:.....

Address:

Postcode: NHS number (if known)

Name of Parent or Carer (if applicable) Signature:

Patient's GP Practice and Contact Number:

	Pre-Appointment	Day of Appointment
Date:		
Do you live with someone who is currently self isolating?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been diagnosed with Coronavirus?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you having shortness of breath or other difficulties breathing?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently have a cough? or have you had a persistent dry cough in the last 14 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Any other flu-like symptoms, such as gastrointestinal upset, headache or fatigue?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you experienced recent loss of taste or smell?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in contact with any confirmed COVID-19 positive patients? Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you currently shielding?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have heart disease, lung disease, kidney disease, diabetes or any auto-immune disorders?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you travelled in the past 14 days to any regions affected by COVID-19? (as relevant to your location)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been part of any mass gatherings or had close contact with many unacquainted people?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have a positive response to any of these questions please call the Practice on 0121 711 2727 well in advance of your scheduled appointment.