

# HEALTH INFORMATION & COVID-19 CONSENT FORM

NAME OF PATIENT (Print) .....

Date: .....

## Covid-19 screening information

1. Have you had a fever in the last 7 days?  
(Feeling hot to touch on your chest and back) Yes / No
2. Do you now, or have you recently had, a persistent dry cough?  
(coughing a lot for more than an hour, 3 or more coughing episodes in 24 hours, or worsening of a pre-existing cough) Yes / No
3. Have you lost sensations of taste and smell? Yes / No
4. Have you been in contact with anyone in the last 14 days who has been diagnosed with Covid-19 or has coronavirus type symptoms? Yes / No
5. Have you been told to stay home, self-isolate or self-quarantine? Yes / No
6. Do you or anyone that you live with fall into the “clinically vulnerable” or “Clinically extremely vulnerable” categories as defined below? Yes / No

## Consent for Track and Trace

I give my consent to submitting my name, contact information and dates and times of my clinic visits to the Government Track and Trace Service

Yes / No

## Consent for treatment

I understand that, because my treatment may involve touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including Covid-19.

I give my consent to receive treatment from this practitioner.

Name of practitioner: [Barbara Pickett](#)

I am the Patient Y/N

Signed: .....

Date: .....

**PLEASE INFORM ME IF YOUR SYMPTOMS CHANGE**

## Clinically vulnerable people

People in this category of risk include:

1. Anyone aged 70 and older (regardless of medical conditions)
2. Anyone under 70 with an underlying health condition (that is, anyone instructed to get a flu jab as an adult each year on medical grounds) – such as:
  - (a) chronic (long-term) mild to moderate respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
  - (b) chronic heart disease, such as heart failure
  - (c) chronic kidney disease
  - (d) chronic liver disease, such as hepatitis
  - (e) chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
  - (f) diabetes
  - (g) a weakened immune system as the result of conditions such as HIV and AIDS, or medicines (such as steroid tablets )
  - (h) being seriously overweight (a body mass index (BMI) of 40 or above)
  - (i) pregnant women

## Clinically extremely vulnerable people

People in this category of risk include:

1. Solid organ transplant recipients.
2. People with specific cancers:
  - (a) people with cancer who are undergoing active chemotherapy
  - (b) people with lung cancer who are undergoing radical radiotherapy
  - (c) people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - (d) people having immunotherapy or other continuing antibody treatments for cancer
  - (e) people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  - (f) people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary disease (COPD).
4. People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.
7. Other people have also been classed as clinically extremely vulnerable, based on clinical judgement and an assessment of their needs. GPs and hospital clinicians have been provided with guidance to support these decisions.

More information about who has been classed as clinically extremely vulnerable is available on the [NHS Digital website](#)