



## Client health check questionnaire

We are doing all we can to protect our clients and staff while the coronavirus outbreak is still ongoing. As part of this, we are asking all clients who have made an appointment with us to check if they should be self-isolating.

**If you should be in self-isolation, please cancel your appointment. We will reschedule it for you. No cancellation charges will be made.**

### CLIENT HEALTH CHECK QUESTIONNAIRE: CORONAVIRUS (COVID 19)

Client name:

Client contact details:

#### YOU MUST SELF-ISOLATE AND NOT COME IN FOR YOUR APPOINTMENT IF:

- You are waiting for the result of a test for coronavirus.
- You have tested positive for coronavirus.
- You have any symptoms of coronavirus (COVID 19). The main symptoms of coronavirus are:
  - High temperature - this means you feel hot to touch on your chest or back (you do not need to measure your temperature).
  - New, continuous cough - this means coughing a lot for more than an hour, or three or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual).
  - Loss or change to your sense of smell or taste - this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal.

Most people with coronavirus have at least one of these symptoms.

Or

- You live with someone who:
  - Is waiting for a coronavirus test result.
  - Has tested positive for coronavirus.
  - Has symptoms of coronavirus (COVID 19).

#### DO ANY OF THE ABOVE APPLY TO YOU?

No

Yes PLEASE CANCEL YOUR APPOINTMENT.

I don't know PLEASE CANCEL YOUR APPOINTMENT.

Please [visit the NHS website](#) for detailed information about how long you need to self-isolate for.



### GDPR: PROTECTING YOUR PERSONAL INFORMATION

We take your privacy seriously and the information we collect about you will be held confidentially and in compliance with GDPR (data protection laws). Your personal information will be stored securely within our IT system or in a locked filing cabinet and can only be seen by members of our team. Please tick the box below if you consent to us:

Keeping a record of your personal information while you are a client and for four years after your last visit, after which your records will be deleted (unless we are required by law to keep your personal information for longer).

### DATA PROTECTION AND UNDER-16S

We require the consent of a parent, carer or guardian for us to collect personal information relating to a child under the age of 16. If you consent please sign below:

I \_\_\_\_\_ (name of parent, carer or guardian) give permission for you to securely hold personal data about: (name of the child under 16) for four years, after which the data will be deleted (unless the law requires the data to be kept for longer).

Signature of parent/carers/guardian

Please visit the NHS website for detailed information about how long you need to self-isolate for.