CThA
Complementary Therapists Association

CONSULTATION & CONSENT DOCUMENT – SPECIFIC COVID-19 SCREENING

NAME	
FULL ADDRESS	
POST CODE	
EMAIL ADDRESS	
MOBILE NUMBER	

TESTING				
Have you had a Covid-19 test	YES	☐	NO	☐
Did you self-isolate	YES	☐	NO	☐
What was the date you tested negative				
Do you still have symptoms	YES	☐	NO	☐
Are you registered on the NHS Track & Trace app	YES	☐	NO	☐
SYMPTOMS - Are you experiencing any of the following?				
Severe breathing difficulties or chest pain	YES	☐	NO	☐
Difficulty in waking or confusion	YES	☐	NO	☐
If yes to any of the above call 999				
Fever	YES	☐	NO	☐
Previous symptoms getting worse: cough	YES	☐	NO	☐
Sore throat or runny nose	YES	☐	NO	☐
If any of the above, the advice is to self-isolate for 7 days				
Chills or headache	YES	☐	NO	☐
Painful swallowing	YES	☐	NO	☐
Muscle & joint ache	YES	☐	NO	☐
Fatigue or exhaustion	YES	☐	NO	☐
Loss of taste or smell	YES	☐	NO	☐
If any of the above, the advice is to self-isolate for 7 days. Then taking a test will be necessary. Call 119				

Shortness of breath or difficulty lying down due to chest issues	YES ☐	NO ☐
If any of the above, contact your GP or call 111		
Have you been in contact with anyone with Covid-19 symptoms?	YES ☐	NO ☐
Have you had or are you now experiencing Covid-10 symptoms?	YES ☐	NO ☐
Are you taking your temperature regularly? If so, what is the latest?	YES ☐	NO ☐
Have you recently been hospitalised?	YES ☐	NO ☐
If so, why – please describe:		
Do you have any of the following health issues		
High blood pressure or other heart condition	YES ☐	NO ☐
Diabetes Type 1 or 2 – if so, which?	YES ☐	NO ☐
Cancer	YES ☐	NO ☐
Lung condition	YES ☐	NO ☐
Any other conditions – please list:		
Are you?		
An NHS front line worker	YES ☐	NO ☐
A carer – home or care home	YES ☐	NO ☐
Shielding a vulnerable adult	YES ☐	NO ☐
Pregnant – how many weeks?	YES ☐	NO ☐
Over 70?	YES ☐	NO ☐
Allergic to latex gloves	YES ☐	NO ☐
Allergic to cleaning products – if yes please specify	YES ☐	NO ☐

SIGNED

I declare that the information I have provided is correct.
If either I or someone I have been in contact with tests positive for Covid-19 or have been contacted by NHS Track & Trace I will inform you.

I consent for you to inform NHS Track & Trace if so required.

Full name: ………………………………………………………

Date: …………………………………