



KENTES
PHYSIO



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COVID-19 Screening Tool

Date:
Name and Surname:
DOB:
COVID-19 Vaccination date first and second:

	Yes	No	N/A	Comments
Does the patient have a new cough or continues cough?				
Does the patient have a high temperature/fever?				
Has the patient experienced any loss of or a change in their normal sense of smell or taste?				
Has the patient been in recent contact with anyone known to have a positive COVID-19 test, have recognized symptoms or who is self-isolating inside or outside of their household?				
Has the patient been contacted by the NHS test& trace service and told to self-isolate? If yes then and when was this?				
Has the patient already been tested for COVID-19? If yes when and what was the result?				
Has the patient been asked to isolate prior to this appointment following instructions?				
Has the patient returned from travelling abroad within the last 14 days?				
If yes, was travel to any of the countries not listed overleaf?				
Is the patient travelling by their own private transport for their appointment either alone or with member of their household?				

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PLEASE MAKE CHEQUES PAYABLE to KENTES PHYSIO LTD

Terms: Strictly **28 DAYS from date of invoice.** The management reserve the right to charge interest on outstanding accounts

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