

Name: _____

Date: _____

Please read carefully and email me with signature before your appointment.

People at high risk (clinically extremely vulnerable) are not allowed to have face to face treatment yet . (i will keep up to date with Government guidance about when it is safe to see me).

- Have had an organ transplant
- Are having chemotherapy or antibody treatment for cancer, including immunotherapy
- Are having an intense course of radiotherapy (radical radiotherapy) for lung cancer
- Are having targeted cancer treatments that can affect the immune system (such as protein kinase inhibitors or PARP inhibitors)
- Have blood or bone marrow cancer (such as leukaemia, lymphoma or myeloma)
- Have had a bone marrow or stem cell transplant in the past 6 months, or are still taking immunosuppressant medicine
- Have been told by a doctor they you have a severe lung condition (such as cystic fibrosis, severe asthma or severe COPD)
- Have a condition that means they have a very high risk of getting infections (such as SCID or sickle cell)
- Are taking medicine that makes them much more likely to get infections (such as high doses of steroids or immunosuppressant medicine)
- Have a serious heart condition and are pregnant

Questions :	YES	NO
Have you been diagnosed or suspected of Covid-19 infection in the last 14 days?		
Have you been in close contact with someone either diagnosed or suspected of Covid-19 in the past 14 days?		
Have you been advised to self isolate by your GP or health authority?		
In the past 14 days or currently have you experienced any cold or flu symptoms, high temperature, sore throat, runny nose, cough, shortness of breath, loss of your sense of smell/taste?		
Are you considered to be part of Covid 19 high risk group as stated in government guidelines below If so which underlying health condition do you have :		

*Please Do Not make an appointment if you have any of the following symptoms :

<https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>

- high temperature
- new, continuous cough
- loss or change to your sense of smell or taste

Signed: _____

Name (Print): _____

Email: _____

Address: _____