



SCIP and COVID-19 Screening Questionnaire

November 2021

As part of our response to the COVID-19 pandemic, the SCIP is introducing new measures for patients visiting either of our Christchurch or Wellington clinics.

In order to keep both our patients and staff safe, on arrival at either of our Christchurch or Wellington clinics, **please complete the below questions** and hand this form to our Receptionist.

DO YOU OR YOUR SUPPORT PERSON HAVE ANY ILLNESS?

	Yes	No
New cough or acute worsening of chronic cough	<input type="checkbox"/>	<input type="checkbox"/>
Fever – Temperature	<input type="checkbox"/>	<input type="checkbox"/>
Sore throat	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
Coryza – runny nose, blocked nose	<input type="checkbox"/>	<input type="checkbox"/>
Anosmia - loss of smell	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal pain	<input type="checkbox"/>	<input type="checkbox"/>

HAVE YOU OR YOUR SUPPORT PERSON HAD RECENT CONTACT WITH COVID-19?

	Yes	No
Have you been in contact with a confirmed COVID-19 case within the last 14 days?	<input type="checkbox"/>	<input type="checkbox"/>
Are you waiting the results of a COVID-19 test?	<input type="checkbox"/>	<input type="checkbox"/>

For Office Use Only

Patient Name _____

Date _____

Checked by _____
Staff member