

Guile Nicholas Screening Form for Office Appointments – COVID-19

To be used when making an appointment (pre-appointment) and then on the day of the appointment.

Client Name:	Pre-Appointment	Day / afternoon before Appointment
File No:		
	Date:	Date:
Do you have a fever or have you felt hot or feverish recently?	Y / N	Y / N
Are you having shortness of breath or other breathing difficulties?	Y / N	Y / N
Any other flu like symptoms such as gastrointestinal upset, headache or fatigue?	Y / N	Y / N
Have you experienced recent loss of taste or smell?	Y / N	Y / N
Are you or have you been in contact with any confirmed cases of Covid-19?	Y / N	Y / N
Is anyone you live with suffering from covid-19 and at home?	Y / N	Y / N
Are you over 70?	Y / N	Y / N
Do you have heart, lung or kidney disease?	Y / N	Y / N
Do you have diabetes or any auto-immune disorders?	Y / N	Y / N
Completed by:		

If any of the responses to these questions is 'yes' we will have to discuss other methods / adjustments to facilitating the appointment.

The member of staff conducting the questionnaire must refer the outcomes directly to the relevant fee-earner as soon as possible in order to take any further action as necessary.

In the event that the standard interview CV-19 procedure cannot be used (in terms of the outcome of this Questionnaire – see Appendix 5 of the **Guile Nicholas Risk Assessment and Recovery Plan – COVID-19**) this must first be discussed with your Supervisor and if possible a plan put together to try and enable the appointment which must then be signed off by the Risk Manager (ON).