Covid 19 Questionnaire for patients needing emergency eye care in the community

24th March 2020

If you have decided that a patient has eye symptoms that warrant assessment face to face, before booking an appt, please ask them all the following questions.

If they decline to answer, then you may refuse to see them.

The safety of all the staff is paramount.

If they answer yes to any of the below, it is advisable not to see the patient face to face. If you feel that they do have symptoms of Covid19 and have a sight threatening condition, please contact (email/telephone) who will contact the patient and lead from there.

Please answer yes or no to the following questions, even of mild.

1. Do you have any of the following symptoms of Covid19?

Symptom	Yes	No
Dry cough		
Fever		
Sore throat		
Tiredness		
Headache		
Muscle aches		
Flu like symptoms		
Nausea and diarrhoea		
Shortness of breath		

2. When did the symptoms start?

3. Does anyone in your close family (same household) have any of the following symptoms?

Symptom	Yes	No
Dry cough		
Fever		
Sore throat		
Tiredness		
Headache		
Muscle aches		
Flu like symptoms		
Nausea and diarrhoea		
Shortness of breath		

4. Have you had any recent travel, or recently returned from any of the infected areas?
   If Yes, where have you been and travelled through.

5. Has anyone who you live with or been in close contact with, in the last 7days had symptoms and or returned from any of the infected areas?
   If Yes where have they been and travelled through?

6. Are you currently self-isolating? Yes or No

7. If yes, how long have you been isolating for?

8. Do you fall into any of the vulnerable categories? E.g. Elderly with co-morbid conditions.

9) If you do not have any symptoms of Covid19, is there any reason why you cannot stay at home?

Key worker or caring for a vulnerable person

I agree that the information that I have given above is correct and I am aware that by having examinations on my eyes, the Optometrist will be within 1m of me, and unable to safely social distance.

Signature……Date……

For office use only

Patient surname	
NHS number if known	
DOB	
Post Code	