

Pre-Session COVID-19 Symptom Screening Form

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This form is used before each visit as a screening protection for our clients and staff

Have you experienced any of these symptoms within the last 24 hrs?

- A New, Continuous Cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- A High Temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- Loss of the Sense of Smell or Taste

If you or anyone in your household has any of the above symptoms, then the NHS advise you contact the on-line 111 service here: <https://111.nhs.uk/covid-19/>

If you or anyone in your household has any of the above symptoms we will need to cancel your appointment and this session would not be charged.

Please contact us immediately via email info@neurorehabpractice.co.uk or call 0771 3886990

Do You or Anyone in Your Household Have Any of the Above Symptoms No

Submit >