

# New COVID-19 SCREENING QUESTIONNAIRE in PPM+

TO BE COMPLETED ON ALL NEW PATIENTS  
PRESENTING TO:

ED

Assessment  
Areas

Elective  
Surgery  
Areas

The risk assessment will guide you to which pathway is required to be followed. Please see local guidance for COVID pathways.

COVID-19 Screening Questionnaire

EDANTEST, Dan Born 18-Feb-2000 (20y) Gender Female NHS number 0032842

Address PAS number 0032842

COVID-19 Screening Questionnaire

Follow HIGH / MEDIUM risk pathway

Date of assessment \* 11/09/2020 Time of assessment \* 14:02

Have you or any member of your household / family had a confirmed diagnosis of COVID-19 in the last 14 days? \*  
No Yes

Are you or any member of your household / family waiting for a COVID-19 test result? \*  
No Yes

Have you travelled internationally in the last 14 days to a country that is subject to quarantine on return to the UK? \*  
No Yes

Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 14 days? \*  
No Yes

Submit

EDANTEST, Dan

Current Location TEST EPR ZZZ1, TEST EPR ZZZ Born 18-Feb-2000 (20y) Gender Female NHS No. 0032842 Allergies: see GP tab or eMeds

Phone PAS No. 0032842

Filter Events... Show Booked and Delivered

Summary Add

2020	14-Sep-2020	Clinical Risk...	COVID-19 Screening Questionnaire...
11-Aug-2020	Alerts	Data Quality	
09-Jun-2020	Admission	Discharged 18/06/2020, Hostert L,	
09-Jun-2020	Ward Stay	17 (St James's University Hospital),...	
02-Jun-2020	Alerts	Data Quality	
28-May-2020	Alerts	ReSPECT	
27-Mar-2020	Admission	Discharged 28/05/2020, Attia M,	
27-Mar-2020	Ward Stay	TEST EPR ZZZ(St James's Universi...	
27-Mar-2020	Admission	Discharged 27/03/2020, Attia M,	
27-Mar-2020	Ward Stay	TEST EPR ZZZ(St James's Universi...	
17-Feb-2020	Ward Stay	TEST EPR ZZZ1(St James's Univer...	
17-Feb-2020	Admission	Attia M,	
17-Feb-2020	Ward Stay	01 (Leeds General Infirmary), Attia...	
06-Jan-2020	Ward Attenda...	TEST EPR ZZZ(St James's Universi...	
21-May-2019	Ward Attenda...	TEST EPR ZZZ(St James's Universi...	

External Document Details

Q Expand Print Edit Withdraw

COVID-19 Screening Questionnaire

Have you been resident (e.g. overnight) in the past 14 days in an area with locally enhanced lock down measures?  
Yes

Where did you stay?  
• Other address

Address  
XXXXXXXXXX  
XXXXXXXXXX

Postcode  
-

Saved by Saved at 14-Sep-2020 11:15

If you do not have the full details of the other address a patient has resided in, you can **EDIT** the form at a later time.

Please click here for Government guidance for travel advice.