**COVID-19 pre assessment questionnaire**

**Name**: **Hosp No**:

**DOB**: **Tel No**:

Have you and your family self-isolated for 14 days or more? YES / NO

Willing to attend for swabs? YES / NO When can attend?

Willing to attend for procedure? YES / NO When can attend?

If no, why?

Procedure:

Date of procedure:

Earliest can attend (first patient 7:00am):

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COVID symptoms | **Patient** | | | **Family** | | | **Family** | | | **Family** | | |
| **Yes** | **No** | **Date** | **Yes** | **No** | **Date** | **Yes** | **No** | **Date** | **Yes** | **No** | **Date** |
| Cough |  |  |  |  |  |  |  |  |  |  |  |  |
| Fever |  |  |  |  |  |  |  |  |  |  |  |  |
| Loss of smell or taste |  |  |  |  |  |  |  |  |  |  |  |  |
| COVID swab |  |  |  |  |  |  |  |  |  |  |  |  |

Transport to hospital: Family  Hospital  Other

Avoid taking trains or buses. If taking a taxi or transport by someone outside of your household, please use a face mask.

**Discussion points**

* **Patient and family must have self isolated for 14 days prior to admission**.
* Attend for swabbing alone if possible to CIU (Cardiac Investigation Unit, Ground Floor, East Wing, opposite Nevin Lecture Theatre).
* Transport safety – Do not use public transport, wear a mask.
* If any symptoms as above between now and day of procedure, call 020 7188 9198 and leave message.
* Do not attend for procedure if you have any COVID symptoms.
* Admission time – Drop off is at Lower Ground Floor, Lambeth Wing for collection and return by nurse. **No relatives will be allowed in hospital**.
* We will inform you of pre procedural medication and fasting advice.