

Pharmacy Consultation Room Assessment Form

Please ask any patient who requires the use of the consultation room to complete this form and pass to the pharmacist

Your community pharmacy takes the safety of you and the pharmacy team very seriously.

Following the recent government guidance regarding Coronavirus (COVID-19) we are taking steps to ensure the safety of you and our team by reducing the risk of spreading the virus.

If you require the use of the pharmacy consultation room, please complete this form to assist us in reducing the risk and hand to a member of the pharmacy team.

Please CIRCLE Yes or No on the following questions:

- 1. Do you have a high temperature (Over 37.8°C – hot to touch on back and chest)?** YES / NO

And / Or

- 2. Do you have a new persistent cough?** YES / NO

Or

- 3. Has a member of your household developed any of the symptoms above and been told to self-isolate?** YES / NO

Thank you for your co-operation.