



Medical History Update for existing patients

Name

Please list any changes to your
address and contact details

Please list any changes to your
medications and medical history

Covid status

Have you been diagnosed with coronavirus? Yes No

Have you been in contact with someone with confirmed coronavirus? Yes No

Is there anyone in your household self-isolating? Yes No
If so why? _____

Have you had a temperature (ie greater than 37.8 degrees) in the last 14 days? Yes No

Have you or do you have a new persistent dry cough in the last 14 days?
(not a longstanding dry cough of non covid origin) Yes No

Are you in a vulnerable group or at increased risk of covid 19 eg 70 or older or under
70 with underlying health condition? Yes No

Please confirm consent to treatment at our practice Yes No