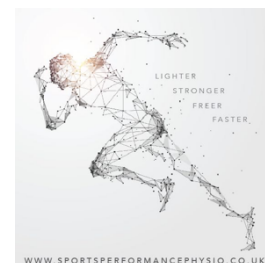




## Covid-19 Risk Assessment & Clinical Justification For Face to face appointment



**Practitioner** Steve Megson

**Created** 11 June 2020

**Last Updated** 11 June 2020

### Verbal check of covid-19 symptoms (in the last 14 days)

- ☒ New and persistent dry cough;
- ☒ Temperature above 37.5°C
- ☒ Fatigue
- ☒ Sputum production
- ☒ Shortness of Breath
- ☒ Myalgia or arthralgia (pain / aching in muscles or joints)
- ☒ Sore Throat
- ☒ Headache
- ☒ Vomiting
- ☒ Diarrhoea
- ☒ Change or loss of smell
- ☒ Loss of Taste
- ☒ None of the above

In the past 14 days	Yes	No
Have you been in close contact (<1m for longer than 15 mins without any protection) with confirmed CV-19		
Have you been contacted by the local health authorities to inform you of possible close contact with CV-19		

### Clinical reasoning for Face to Face or Virtual assessment and treatment

<b>Is serious pathology suspected?</b>	<input checked="" type="checkbox"/> Yes - please refer onwards as appropriate; <input checked="" type="checkbox"/> No – please continue to next question.
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**Please explain:**

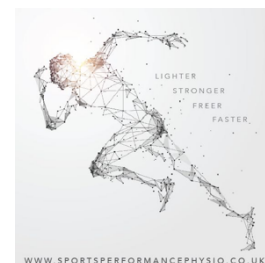
<b>Would the patient's condition respond to a virtual first approach?</b>	<input checked="" type="checkbox"/> Yes - this condition would benefit from a virtual appointment <input checked="" type="checkbox"/> No – this condition definitely needs hands on assessment/ treatment <input checked="" type="checkbox"/> Unsure - hands on assessment is needed to better determine clinical Impression.
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<b>If hands on assessment is indicated please justify reasoning for face to face assessment and treatment:</b>	<input checked="" type="checkbox"/> Urgent rehabilitation need, that if not met may require care from GP/ secondary care or social care agencies. <input checked="" type="checkbox"/> Escalating pain <input checked="" type="checkbox"/> Reduced function <input checked="" type="checkbox"/> Likely to deteriorate <input checked="" type="checkbox"/> Chronic exacerbation <input checked="" type="checkbox"/> Pain negatively effecting mental health <input checked="" type="checkbox"/> Not responding to self-management <input checked="" type="checkbox"/> Not responding to virtual treatment <input checked="" type="checkbox"/> N/A
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Other, please explain: Patient reports moderate/ severe pain / Job relies on physical performance



## Covid-19 Risk Assessment & Justification



**If virtual appointment is indicated please justify clinical reasoning:**

- ☒ Assessment and treatment can safely be delivered via virtual appointment
- ☒ Rehabilitation approach deliverable via virtual appointment

### Health risk evaluation

Does the patient have any underlying medical conditions that puts them in the high-risk category?

- ☒ Immunosuppressed e.g. chemo, radiotherapy
- ☒ Severe lung condition
- ☒ High dose of steroids
- ☒ Serious heart condition
- ☒ None of the above

Does the patient have any underlying medical conditions that puts them in the moderate risk category?

- ☒ Aged 70+
- ☒ Pregnant
- ☒ Lung condition not severe
- ☒ Heart/ kidney/ liver disease
- ☒ Parkinson's/ MS/ MND/ Cerebral palsy
- ☒ Obese BMI 40+
- ☒ None of the above

If the patient meets criteria for attending. Please explain the risk of coming into the clinic and ensure the patient understands these risks.

Have you explained the following and has the patient verbally acknowledged these risks? Please tick if you have explained.

- ☒ Unable to socially distance and therefore increased risk
- ☒ Highly infectious during long incubation period/ no symptoms may be showing
- ☒ Patient verbally acknowledged the above risks

### For home visits, Family member screening

Does any family member in their house	No	Yes
Currently have CV-19?		
Had CV-19 Symptoms over the past 14 days?		
Are any members of the household in the high risk category of CV-19		
Are any members of the household in the medium risk category of CV-19.		