



Hospital (PACS) Number	
Title	
First name	
Surname	
Address	
Post code	
Contact Telephone Number	
Date of birth	
Email	
Do you or any member of your family/household have a confirmed diagnosis of COVID-19?	<hr/> <p>Staff action</p> <p>If yes, notify radiologist. Inform the patient that they will have to wait the agreed period depending on date of onset (10 – 14 days) *.</p>
Are you or any member of your household/family awaiting results of a COVID -19 swab due to demonstrating symptoms of COVID -19 or being in contact with someone with symptoms of COVID -19	<hr/> <p>Staff action</p> <p>If yes, notify radiologist. Inform patient that investigation or treatment will be delayed until result is known.</p>
Have you had contact with someone else with confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 14 days?	<hr/> <p>Staff action</p> <p>It yes, notify radiologist. Inform the patient that they will need to wait 14 days prior to recommencing patient pathway*.</p>
Do you have any of the following symptoms?	<hr/> <p>Staff action</p> <p>If yes:</p> <ul style="list-style-type: none"> • Alert the radiologist • Advise the patient to follow self-isolation advice. • If their symptoms become serious, they should contact 111 Online.
Date/Time when questionnaire was completed	