SPECIALIST PHYSICIAN AND ENDOCRINOLOGIST

DR JOCELYN HELLIG

MBChB (UCT) FCP (SA) MMed Int Med (SU) Cert Endo & Metab (Phys)

CORONA VIRUS DISEASE (COVID-19)
FACE TO FACE CONSULTATION HEALTH SCREENING QUESTIONNAIRE

Please complete the below questions and send this to us (drjocelynhellig@gmail.com) at least 24 hours prior to your face to face consultation with Dr Jocelyn Hellig. Should we not receive the questionnaire during this time, the consultation will unfortunately be cancelled.

Patient Name: _____ Patient Surname: _____

Contact Number: _____ Email: _____

Physical Address: _____

_____

_____

Postal Cose: _____

QUESTIONNAIRE:

1. Have you been in close contact with anyone who is OR had tested positive for Covid19? Yes / No

2. (If Yes) Have you had a Covid-19 swab taken in the past 14 days Yes / No
   If Yes, please specify Date: _____ Result (If Application) Pos / Neg

3. Do you have any of the following symptoms:
   a. Sore Throat Yes / No
   b. Cough Yes / No
   c. Fever Yes / No
   d. Difficulty Breathing Yes / No

4. Have you travelled or had close contact with someone who travelled in the past 14 days: Yes / No
   If yes, please specify dates and places travelled: _____
   _____
   _____

Should you have answered yes to any of the symptoms asked above, please contact your General Practitioner for evaluation of the Covid-19 virus. Alternatively, please contact our offices for advice. Please note that should you feel unwell leading up to the consultation and not presenting any of the above mentioned symptoms, please take precautions and contact our offices immediately to discuss.

Print Name: _____ Signature: _____ Date___/___/_2020_

Suite 502 Kingsbury Medical Suites
Wildnerness Road
Claremont, 7700

Practice Number: 0180000731617
Landline: 021 205 1829
Email: drjocelynhellig@gmail.com