Dr Paul Farrant
Consultant Dermatologist

Patient Information Leaflet

Dr Paul Farrant FRCP
Consultant Dermatologist

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Clinic Registration & Covid Checklist

Name:		DOB:	
Address:			
GP Surgery Address:			
Are you using Medical insurance for your appointment		YES	NO
Insurer:	Membership No.	Authorisation:	
Telephone:	Mobile:		
Email:			
Have you or any member of your household had a confirmed Diagnosis of Covid 19?		YES	NO
Are you awaiting the results of Covid 19 swabs due to demonstrating symptoms or being in contact with someone with symptoms?		YES	NO
Have you travelled internationally in the last 14 days?		YES	NO
Have you had contact with someone with a confirmed diagnosis of Covid 19 or been in isolation with a suspected case in the last 14 days?		YES	NO
Have you had any of the following in the last 14 days? a) A new continuous cough OR b) High temperature or fever OR c) A loss of, or change in, normal sense of taste or smell		YES	NO

If you answer **YES** to any of the Covid questions, do not attend the hospital. Please ring the number above for further instructions.