

COVID 19 History Sheet

(to accompany person to hospital)

Full Name:

Date of Birth:

NHS number if known:

Started feeling unwell on:

Temperature: YES NO

Cough: YES NO

Difficult breathing: YES NO

Have you had anything to eat in the past 24 hours? YES NO

If yes what did you eat and when?

Have you had anything to drink in the past 24 hours? YES NO

If yes what did you drink and when?

Have you urinated in the past 24 hours? YES NO

When did you last have your bowels opened?

Have you had any vomiting? YES NO

If yes which colour was it? Yellow Green Blood

Is there anyone else unwell at home or where you live? YES NO

Have you had any recent foreign travel or known contact with anyone from high risk area or known Coronavirus contact? YES NO

Have you had any recent treatment different from normal medication for example antibiotic courses? YES NO

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Your activity level, is this the same as normal? YES NO

How are you feeling compared to how you normally feel?

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