Zdravstveni dom Ljubljana
Community Health Centre Ljubljana

QUESTIONNAIRE FOR THE ASSESSMENT OF MEDICAL CONDITION BEFORE TREATMENT IN THE OUTPATIENT CLINIC DURING THE COVID-19 PANDEMIC

Name and surname of the patient: _____

Date: _____

The questions (from 1. to 11.) are related to the CURRENT CONDITION and THE PERIOD OF THE PAST 14 DAYS.

At Community Health Centre, we strive to ensure the safe treatment of all patients, and you also contribute to this by stating the truthfulness of the data. Thank you!

	QUESTION	YES	NO
1.	Do you have a fever (over 37.5 °C)?		
2.	Do you have a cold?		
3.	Are you coughing?		
4.	Do you have a sore throat or pharynx?		
5.	Do you have a changed sense of taste or smell?		
6.	Do you get a feeling of shortness of breath or tightness in your chest?		
7.	Do you have muscle pain?		
8.	Do you have digestive problems (diarrhoea or vomiting)?		
9.	Does anyone else at home or at work have such problems?		
10.	Have you tested positive for COVID-19?		
11.	Have you been in contact with a patient with a confirmed COVID-19 infection (infected relatives, cohabitants…)?		
12.	**I meet the RVT rule** (please, circle an option) **R – recovered** ___ **V – vaccinated** ___ **T- tested** ___		

If the answer to any of the questions (from 1. to 11.) was YES, before treatment, first consult at the infirmary where you have medical appointment.

I confirm that I am familiar with:

- I am obliged to provide all necessary and true information regarding my medical condition* to the competent doctor and other competent medical workers.
- This questionnaire is kept for 1 month after the treatment.

By signature, I confirm the truthfulness of all statements.

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*In accordance with Article 54 of the Communicable Diseases Act, the allegation of false information is a misdemeanor and in accordance with Article 177 of the Criminal Code it is a criminal offense.