



Patient Risk Assessment Questionnaire:

Name:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth:	Contact Phone Number:
Address:	

1. Do you have a confirmed diagnosis of COVID-19? Yes No
2. Are you a probable COVID-19 case? Yes No
3. Are you required to self-isolate and/or waiting for COVID-19 test results? Yes No
4. Do you have new or worsening respiratory symptoms, including one of the following: new or worsening cough, sneezing and runny nose, sore throat, fever, temporary loss of smell or altered sense of taste, shortness of breath
Yes No
5. Do you have any of the less common symptoms, such as: diarrhoea, muscle aches, nausea, vomiting, malaise, chest pain, abdominal pain, joint pain, or confusion/irritability – where there is no other likely diagnosis?
Yes No
6. In the last 14 days before the start of your symptoms have you:
 - had close contact with someone who is a probable or confirmed COVID-19 case? Yes No
 - been in attendance at a current location of interest? Yes No
 - travelled internationally (excluding travel by air from a country/area with which has New Zealand quarantine-free travel (QFT))? Yes No
 - had direct contact with someone who has travelled overseas (excluding travel by air from a QFT country/ area)? This includes border staff, quarantine and isolation facility staff, and international aircraft and shipping vessel crew, except those who have travelled exclusively between New Zealand and QFT destinations. Yes
No
 - exited an MIQ facility (excluding recovered COVID-19 cases)? Yes No
 - Worked on an international aircraft or shipping vessel (excluding aircraft/vessels from a QFT country/ area)? Yes No



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- cleaned at an international airport or maritime port in areas/conveniences visited by international arrivals (excluding areas/conveniences for travellers by air from a QFT country/area)?
Yes No

 - Worked in cold storage areas or facilities that receive imported chilled and frozen goods directly from an international or maritime port?
Yes No

 - Travelled from an area with an evolving community outbreak (including in New Zealand and any other country/area with which New Zealand has QFT)?

Yes No
7. Are you vaccinated? First Dose Two doses No

- ❖ Please fill out this form to the best of your abilities and email back to info@triumph-physio.co.nz for us to assess your eligibility for face-face treatments.
- ❖ Your physiotherapist will contact you to discuss eligibility and options for treatment sessions.

Thank you for your understanding and cooperation during this hard time. We strive to provide excellence in our services to you.

Ngā mihi and stay safe,

Triumph Physiotherapy