

Triaging questionnaire

Dear Sir, Madam,

It is very important for all of us to prevent the coronavirus (COVID-19) from spreading. In order to assess the risk of treating you, please complete this questionnaire prior to treatment and sign it.

Your name: _____

| | yes | no |
|--------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Have you had a confirmed Covid-19 infection? | | |
| 2. Do you think you might have had a Covid-19 infection? | | |
| 3. If YES to questions 1 or 2: Have you been free of medical symptoms for longer than 24 hours? | | |
| 4. Have you been in close contact with a COVID-19 patient? | | |
| 5. If YES to question 4: was that longer than 14 days ago? | | |
| 6. Have you (had) any of the following symptoms in the last 24 hours: | | |
| - a common cold, e.g. runny nose, (dry) cough, sneezing*, sore throat | | |
| - loss of smell or taste | | |
| - fever (38° C or higher) | | |
| - red or sore eyes* | | |
| - tiredness* | | |
| - headache* | | |
| - feeling ill with or without diarrhea* | | |
| - shortness of breath | | |
| 7. Are there members of your family or household who have or had a fever or shortness of breath within the past 14 days? | | |
| 8. Did you return from a code orange or red country (concerning COVID-19) within the past 14 days? | | |

Your practitioner is allowed to treat you.

Your practitioner will ask you for more information.

Your practitioner cannot treat you and will ask you to stay home or go home immediately. According to the RIVM guidelines you must stay in home confinement / According to the RIVM guidelines you should ring and consult your General Practitioner (GP).

Date: _____

Signature: _____

* If the patient is familiar with these symptoms and recognizes them based on their own medical history, these are unlikely to be symptoms of a COVID-19 infection. These symptoms should, however, always be reported to the practitioner.