# **Client Wellbeing Check: COVID-19 Alert**

### Name of client       Date of Call/Visit

### Time of Call/Visit

*When you call or visit a person for a COVID-19 Alert Wellbeing Check:*

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| [ ]   | **Ask** how the person is feeling. |
| [ ]  | **Ask** whether they have any concerns.  |
| **Yes**[ ] [ ] [ ] [ ] [ ]  | Specific COVID-19 symptom questions **(tick if yes)**Do you, or does anyone in your home have a fever/high temperature?Do you, or does anyone in your home have a cough?Do you, or does anyone in your home have a sore throat?Are you, or is anyone in your home, feeling particularly tired or fatigued (more than normal)?Are you or anyone in your home experiencing shortness of breath that is out of the ordinary? |

*Where the person indicates more than one symptom consider advising them to contact their doctor. If the person only has one symptom schedule a follow up call/visit for the following day.*

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| Are there any concerns you have about the person re the COVID-19 Virus or anything else?      |

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| Management Use Only |
| Response to any issues / outcome |       |
| Notes added to client file/progress note | [ ]  Yes[ ]  N/A | Wellbeing Register completed | [ ]  Entered |