

Pre-Visit Assessment



Required:

-Pre visit assessment checklist

- Up to date Consent Forms
- Up to date Health Profiles



Foreverfeet-footcare Ltd
Suzanne Marsel, Footcare Nurse

| | |
|------------------------|---|
| Connect | Phone call: _____ Email:_____ Text: _____ |
| Reply: | Phone call: _____ Email:_____ Text: _____ |
| Consent Forms: | Current/Up to Date: _____ Requires: _____ |
| Health Profile: | Up dated: _____ Requires: _____ |

Home Visit___ Assisted living:___ Clinic:_____ Facility/group:_____

Client Name: _____

Date of Assessment: _____

Scheduled Appointment: _____

| Assessment Questions | YES/NO |
|---------------------------------------|--------|
| Do you have a fever? | |
| Do you have Chills? | |
| Do you have a new or worsening cough? | |
| Experiencing overwhelming fatigue? | |
| Any changes to taste or smell? | |

| Assessment Questions | YES/NO |
|---|--------|
| Any Shortness of Breath? | |
| Any New muscle aches or a headache? | |
| Do you have a Sore throat? | |
| Have you travelled outside of Canada within the last 14days? | |
| Are you a close contact of a person who tested positive for Covid-19? | |

If answered "YES" to any of the above questions, action taken:
