**FORM to be completed by Speech and Language Therapist or other health professional and**

**sent to health and care colleagues providing personal care.**

**Individual who REGULARLY COUGHS**

* The following individual has been identified as having a regular cough.
* They present an increased risk of spreading Covid-19.
* **All those involved in caring for the person must be informed of the increased risk.**
* **Appropriate PPE should be worn when providing care for this individual.**
* This pro forma should be saved where it can be easily accessed as per local policies, e.g. the person’s Care Plans and GP records

|  |  |
| --- | --- |
| **Name:** |  |
| **DOB and CHI:** |  |
| **Home Address:** |  |
| **Current location if not at home:** |  |
| **Reason for regular cough:****State presenting condition, any assessment completed and details of when cough present.** |  |
| **Identified by - name and job title of health professional** |  |
| **Contact details of health professional (for further information if required)** |  |
| **Date Identified:** |  |