

SUPPLEMENTAL HEALTH QUESTIONNAIRE

If you have been exposed to a communicable disease, you may spread the disease to the orthodontist, orthodontic staff, or other patients/parents in the practice. Therefore, prior to each appointment, we will be asking the following questions to reduce the chances of transmission:

Have you, your child, or others accompanying you to today's appointment or other recent acquaintances test positive for or been diagnosed as having COVID-19 or any other communicable disease?

Yes _____ No _____

If yes, when? Date _____

Do you, your child, others accompanying you to today's appointment or other recent acquaintances have:

*A Fever (defined as above 99.6 degrees)? Yes _____ No _____

*A Cough? Yes _____ No _____

*Shortness of breath and/or trouble breathing? Yes _____ No _____

*Persistent pain, pressure or tightness in the chest? Yes _____ No _____

I understand that if the answer to any of these questions is yes, I will be asked to reschedule today's orthodontic appointment.

Patient Name

Patient/Parent's Signature

Date