



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 tested positive for or been diagnosed as having COVID-19 or any other communicable disease?

Yes No If yes, when? Date _____

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

A Fever (defined as above 100.3 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.

Is the patient a minor? Yes No

Patient Name:

Date:

Patient/Guardian Signature:
