SUPPLEMENTAL HEALTH QUESTIONNAIRE

Orthodontic Treatment in the Era of COVID-19

Temp _____ degrees F

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:

Do you, your child, others accompanying you today or anyone else you have recently been in contact with have any of the following symptoms?

- **Fever** ***(defined as above 100.4° F degrees)*****?** ☐ Yes ☐ No
- **Chills?** ☐ Yes ☐ No
- **Cough?** ☐ Yes ☐ No
- **Sore Throat?** ☐ Yes ☐ No
- **Shortness of breath and/or trouble breathing?** ☐ Yes ☐ No
- **Persistent muscle pain, pressure or tightness in the chest?** ☐ Yes ☐ No
- **New loss of taste or smell?** ☐ Yes ☐ No

Have you or others accompanying you to today's appointment traveled outside of our local area or outside of the US within the past 14 days? ☐ Yes ☐ No

Have you, your child, others accompanying you today or anyone you have recently been in contact with tested positive for or been diagnosed as having COVID-19 or any other communicable disease? ☐ Yes ☐ No

If yes provide approximate dates of illness _____ through _____
symptom start date symptom end date

☐ I understand that if the answer to any of these questions is yes, I may be asked to reschedule today's orthodontic appointment to a later date.

_____
Patient Name

_____ _____
Parent/Guardian Name *(if applicable)* Relation

_____ _____
Patient/Parent/Guardian Signature Date

Email address: _____

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