



SUPPLEMENTAL HEALTH QUESTIONNAIRE

Patient's Name _____

Temp _____

If you have been exposed to a communicable disease, you may spread the disease to the orthodontist, orthodontic staff, and other patients/parents in the office. 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 at 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 _____

Have you, your child, or others accompanying you at today's appointment or other recent acquaintances travelled outside the country or to a COVID hotspot in the last two weeks?

YES _____ NO _____ If yes, where, when? _____

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

- | | | |
|---|-----------|----------|
| -A fever (defined as a temp. above 99.5 degrees)? | YES _____ | NO _____ |
| - A loss of smell or taste?? | YES _____ | NO _____ |
| - Shortness of breath and/or trouble breathing? | YES _____ | NO _____ |
| - A cough? | 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/Parent's Signature

Date

Printed Name