



Supplemental Health Questionnaire

If you have been exposed to a communicable disease, you may spread the disease to the orthodontist, orthodontic team, or other patients/parents in the practice. Therefore, prior to each appointment and before you enter the office, we will require the following questions be answered to reduce the chances of transmission.

Please note: If you are an older patient, please come to the appointment by yourself. If the patient is a child, please only have one person accompany the child to the appointment.

- Have you, your child, or other recent acquaintances been exposed to someone diagnosed with COVID-19 in the past 14 days? Yes _____ No _____
- Have you, your child, or others in your household been diagnosed as currently having any communicable disease? Yes _____ No _____

If yes, what & when? _____

- Do you, your child or other recent acquaintances have any of the following symptoms within the prior two weeks?
 - A fever (defined as above 99.6 degrees) Yes _____ No _____
 - Chills 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 _____
 - Muscle pain Yes _____ No _____
 - Headache Yes _____ No _____
 - Sore throat Yes _____ No _____
 - Loss of taste or sense of smell 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.

Thank you!

Patient Name (please print)

Patient/parent's signature

Date