



## SUPPLEMENTAL HEALTH QUESTIONNAIRE

### Orthodontic Treatment in the Era of COVID-19

**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 to today's appointment or anyone you have recently been in contact with have any of the following symptoms?**

Fever? (defined as above 100 degrees)	Yes ___ No ___
Cough?	Yes ___ No ___
Shortness of breath and/or trouble breathing?	Yes ___ No ___
Persistent pain, pressure, or tightness in the chest?	Yes ___ No ___

**Have you, your child, others accompanying you to today's appointment 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 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)*

\_\_\_\_\_ Patient/Parent/Guardian Signature

\_\_\_\_\_ Relation

\_\_\_\_\_ Date