

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? Recently is defined as within the last 14 to 21 days. Please circle your answers.

Fever (defined as above 99.6 degrees)?	Yes	No
Cough?	Yes	No
Other flu-like symptoms (e.g. gastrointestinal upset, headache or fatigue)?		
Yes	No	
Shortness of breath and/or trouble breathing?	Yes	No
Persistent pain, pressure or tightness in the chest?		Yes
No		
Recent loss of taste or smell?	Yes	No

Have you, your child or 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 another communicable disease?

Yes **No**

If yes, provide approximate dates of illness

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/Parent's Signature

Date