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 100.4 degrees)*?** Yes No

**Do you have a Cough?** Yes No

**Have you or any member of your family traveled outside of the United States** Yes No

**In the past 14 days?**

**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 awaiting results) 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.

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Patient Name

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Parent/Guardian Name *(if applicable)* Relation

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Patient/Parent/Guardian Signature Date

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