

Patient Name: _____ Cell Phone: _____ E-mail address: _____
Temperature: _____



COVID-19 SUPPLEMENTAL HEALTH QUESTIONNAIRE

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:

Have you, your child, or others accompanying you to 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 _____

If you have tested positive for COVID-19, what is the date of your most recent negative test?

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

• A Fever (defined as above 100.4 degrees) 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 _____

Any Changes to your medical history within the last 6 months to 1 year? Yes _____ No _____

- If yes, what has changed in your medical history/ overall health?

Have you traveled domestically or internationally within the past 2 weeks? Yes _____ No _____

- If yes, have you had any above-mentioned symptoms upon your return home?

Yes _____ No _____

- Where did you travel? _____

I understand that if the answer to any of these questions is yes, I will be asked to reschedule today's orthodontic appointment.

_____/_____ Patient or Parent's Signature /Date