



## SUPPLIMENTAL 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 \_\_\_\_\_

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

- A Fever (100.0 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 \_\_\_\_\_

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

\_\_\_\_\_

Patient Name

\_\_\_\_\_

Patient/Parent's Signature

\_\_\_\_\_

Date