

Today's Temperature: \_\_\_\_\_ Time taken: \_\_\_\_\_

# 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 99.6 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 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.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Parent/Guardian Name (if applicable)

\_\_\_\_\_  
Relation

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

\_\_\_\_\_  
Date