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

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