

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 (<i>defined as above 100.4°</i>) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cough | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shortness of breath and/or trouble breathing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Persistent pain, pressure, or tightness in the chest? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 diagnoses ad 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