

## **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, then when? \_\_\_\_\_

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

**A Fever (defined as above 100 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

**Loss of Taste or Smell?**

- 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 (If being signed by parent/guardian):

\_\_\_\_\_

Signature

\_\_\_\_\_