

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 (identified as above 99.6 degrees)? | <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 |
| Experienced recent loss of taste or smell? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Any other flu-like symptoms such as gastrointestinal upset, headache, or fatigue? | <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 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