

# 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 today or anyone else you have recently been in contact with have any of the following symptoms?**

- **Fever (defined as above 100.4° F degrees)?**  Yes  No
- **Chills?**  Yes  No
- **Cough?**  Yes  No
- **Sore Throat?**  Yes  No
- **Shortness of breath and/or trouble breathing?**  Yes  No
- **Persistent muscle pain, pressure or tightness in the chest?**  Yes  No
- **New loss of taste or smell?**  Yes  No

**Have you or others accompanying you to today's appointment traveled outside of our local area or outside of the US within the past 14 days?**  Yes  No

**Have you, your child, others accompanying you today 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.

**If necessary, do you feel comfortable discussing treatment at your car in the parking lot?**  
 Yes  No

Questions or Concerns: \_\_\_\_\_

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

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

\_\_\_\_\_  
Relation

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

\_\_\_\_\_  
Date