



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 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, when? Date _____

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

-A Fever (defined as above 99.8 degrees)? Yes _____ No _____

-A Cough? Yes _____ No _____

Shortness of Breath or Trouble Breathing? 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's Printed Name

Patient/Parent's Printed Name

Patient/Parent's Signature

Date