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 trave		
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?

If ves	provide	approximate	dates	of illness
	provide	approximitate	0000	01 111 1000

	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*)

Patient/Parent/Guardian Signature

Relation

Date



Developed in cooperation with AAOIC