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 been in contact with have any of the following	•	nt or any	one you h	nave recently
Fever (defined as above 99.6 degrees)? Cough? Shortness of breath and/or trouble breat Persistent pain, pressure, or tightness in	•		Yes Yes Yes Yes Yes	No No No No
Have you, your child, others accompanying recently been in contact with tested positions any other communicable disease? If yes provide approximate dates of illness			•	•
☐ I understand that if the answer to asked to reschedule today's ortho	•		s is yes,	•
Patient Name				
Parent/Guardian Name (if applicable)			Relatio	n
Patient/Parent/Guardian Signature			Date	

