

Gaalaas Orthodontics

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Members
**American
Association of
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Practice Limited to Orthodontics

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 office. Therefore, prior to each appointment, we will be asking the following questions to reduce the 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? _____

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

- A fever or chills? Yes _____ No _____
- A cough? Yes _____ No _____
- Shortness of breath and/or trouble breathing? Yes _____ No _____
- Persistent pain, pressure, or tightness in the chest? Yes _____ No _____
- Recent loss of smell or taste? Yes _____ No _____
- New headaches or muscle aches not attributed to another health condition? Yes _____ No _____

I understand that if the answer to any of these questions is yes, I may be asked to reschedule today’s orthodontic appointment.

Patient Name

Patient/Parent Signature

Date