



**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 (within last two weeks) 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:

• Fever or chills? Yes \_\_\_\_\_ No \_\_\_\_\_

• Cough? Yes \_\_\_\_\_ No \_\_\_\_\_

• Shortness of breath and/or trouble breathing? Yes \_\_\_\_\_ No \_\_\_\_\_

• Persistent pain, pressure, or tightness in the chest? Yes \_\_\_\_\_ No \_\_\_\_\_

• Sore throat? 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