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 to today's appointment or anyone you have recently been in contact with have any of the following symptoms?

Fever (defined as above 100.4° F degrees)?	☐ Yes	☐ No
Cough?	☐ Yes	☐ No
Shortness of breath and/or trouble breathing?	☐ Yes	☐ No
Persistent pain, pressure, or tightness in the chest?	☐ Yes	☐ No
Runny Nose	☐ Yes	☐ No
Sore throat	☐ Yes	☐ No
Headaches, fatigue, or weakness?	☐ Yes	☐ No
Lost your sense of taste or smell?	☐ Yes	☐ No
Do you have any flu-like symptoms?	☐ Yes	☐ No
Do you have sneezing, watery eyes, and/or sinus pain/pressure that is unusual and not related to seasonal allergies?	☐ Yes	☐ No
Have you traveled in the past 14 days to a foreign country or any region/state affected by COVID-19?	☐ Yes	☐ No

Have you, your child, others accompanying you to today's appointment or anyone you have recently been in contact with tested positive for or been diagnosed as having COVID-19 or any other communicable disease? ☐ Yes ☐ No

If yes provide approximate dates of illness_____ through _____
symptom start date symptom end date

Are you currently awaiting the results of a COVID-19 test? ☐ 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 to a later date.

_____
Patient Name

_____ _____
Parent/Guardian Name (if applicable) Relation

_____ _____
Patient/Parent/Guardian Signature Date