



**PATIENT NAME:** \_\_\_\_\_

## 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 practice. Therefore, prior to each appointment, we will be asking the following questions to reduce the chances of transmission.

Have there been any changes to your health history in the past six months? Yes \_\_\_ No \_\_\_

If Yes, please explain: \_\_\_\_\_

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? Date \_\_\_\_\_

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

- A fever (defined as above 99.6 degrees) within the last 7-14 days? Yes \_\_\_ No \_\_\_
- A cough? Yes \_\_\_ No \_\_\_
- Any other flu-like symptoms, such as gastrointestinal upset, headache, or fatigue? Yes \_\_\_ No \_\_\_
- Have you/they experienced recent loss of taste or smell? Yes \_\_\_ No \_\_\_
- Shortness of breath and/or trouble breathing? Yes \_\_\_ No \_\_\_
- Persistent pain, pressure, or tightness in the chest? Yes \_\_\_ No \_\_\_

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

\_\_\_\_\_  
Patient/Parent Signature

\_\_\_\_\_  
Date