

SUPPLEMENTAL HEALTH QUESTIONNAIRE (EVERY VISIT)

Prior to each appointment, we will be asking the following questions to reduce the chances of transmission to help our orthodontic community and community at large. Please note that if this questionnaire is not signed and returned, along with the initial supplemental consent form for orthodontic treatment in the era of COVID-19, we cannot see you for your treatment.

- 1) 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 _____

- 2) Do you, your child, others accompanying you to today's appointment, or anyone you all have been exposed to recently (within the last two weeks) have:

- A Fever (defined as above 100.4 degrees) 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 _____

If the answer to any of these questions is yes, it is critical that we reschedule today's orthodontic appointment in the future by at least two weeks.

Patient/Parent's Signature

Date