

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

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

☐ 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



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