

## AAOIC SUPPLEMENTAL HEALTH QUESTIONNAIRE

**Patient Name** \_\_\_\_\_ **Date** \_\_\_\_\_

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 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:

<b>A Fever or chills (defined as above 99.6 degrees)?</b>	Yes _____	No _____
<b>A Cough?</b>	Yes _____	No _____
<b>Shortness of Breath and/or Trouble Breathing?</b>	Yes _____	No _____
<b>Persistent Pain, Pressure, or Tightness in the Chest?</b>	Yes _____	No _____
<b>Headache or sore throat?</b>	Yes _____	No _____
<b>New loss of taste or smell?</b>	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's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_