**AAOIC 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 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) 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\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name (Printed)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient/Parent’s Signature Date

\*Forms will also be available at the office.