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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? Please circle.

Fever (defined as 100.4 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
Traveled out of state by air or public transportation?	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, please provide approximate dates of illness: _____

If the answer to any of the above questions is yes, I may be asked to reschedule today's orthodontic appointment to a later date.

For your next appointment, please provide preferred days and times. We will try our best to accommodate this request, although this is not guaranteed:

Preferred Dates/Times: _____

Patient Name: _____

Patient/ Parent's Signature

Date

OFFICE USE ONLY

Temperatures at time of arrival: *Patient* _____ *Parent* _____

