



AAOIC SUPPLEMENTAL HEALTH QUESTIONNAIRE

\*\*Must be completed and brought to EACH visit\*\*

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, 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's name (printed)

\_\_\_\_\_  
Patient's/Parent's signature

\_\_\_\_\_  
Date