



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 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.

Print Patient Name

Relationship to Patient (if applicable)

Patient/Parent's Signature

Date