**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 orthodontics appointment.

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

Patient/Parent’s Signature Date

***\*\*PLEASE PRINT PATIENT’S NAME***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_