



HEALTH QUESTIONNAIRE

If you have been exposed to a communicable disease, you may spread the disease to others within our 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 may be asked to reschedule today's orthodontic appointment.

Patient Name

Patient/Parent/Guardian Signature

Date