

## AAOIC SUPPLEMENTAL HEALTH QUESTIONNAIRE & CONSENT

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:

**Patient Name:** \_\_\_\_\_

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?** \_\_\_\_\_

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)	_____ <b>Yes</b> _____ <b>No</b>
A Cough?	_____ <b>Yes</b> _____ <b>No</b>
Shortness of Breath and/or Trouble Breathing?	_____ <b>Yes</b> _____ <b>No</b>
Persistent Pain, Pressure, or Tightness in the Chest?	_____ <b>Yes</b> _____ <b>No</b>

I understand that if the answer to any of these questions is yes, I will be asked to reschedule today's orthodontic appointment.

\_\_\_\_\_  
Patient/Parent's Signature \_\_\_\_\_ Date

Although exposure is unlikely, do you accept the risk and consent to treatment?

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

\_\_\_\_\_  
Patient/Parent's Signature \_\_\_\_\_ Date

=