



OTAY LAKES  
ORTHODONTICS

## SUPPLEMENTAL HEALTH QUESTIONNAIRE

Patient's Name: \_\_\_\_\_

Patient's DOB: \_\_\_\_\_

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 100 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 \_\_\_\_\_
- Any other flu-like symptoms such as gastrointestinal upset, nausea, fatigue, or headache?      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/Parent's Signature

\_\_\_\_\_  
Date