NO CO
TIMOCK FAMILY
ORTHODONTICS

TIMOCKFAMILYORTHO.COM

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AAOIC SUPPLEMENTAL HEALTH QUESTIONNAIRE

Orthodontic Treatment in the Era of COVID-19

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 (If yes, when? Date: _____) ☐ No

- 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) or Chills?	☐ Yes	☐ No
-A Cough?	☐ Yes	☐ No
-Shortness of Breath and/or Trouble Breathing?	☐ Yes	☐ No
-Sore Throat, Congestion, or Runny Nose?	☐ Yes	☐ No
-New Loss of Taste or Smell?	☐ Yes	☐ No
-Fatigue, Headache, Muscle or Body Aches (Myalgia)?	☐ Yes	☐ No
-Nausea, Vomiting, or Diarrhea?	☐ 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. I also understand that even when dental health care providers screen patients for respiratory infections, inadvertent treatment of a dental patient who is later confirmed to have COVID-19 may occur. I agree to notify Timock Family Orthodontics if the patient develop symptoms or is diagnosed with COVID-19 within two days following the appointment.

_____

Patient Name (Printed)

_____ _____

Patient or Parent/Guardian if under 18 years old (Signature) Date