

HALL ORTHODONTICS
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?

Please initial YES or NO:

_____ NO _____ YES *We will call to reschedule appointment

Do you, your child, others accompanying you to today's appointment or other recent acquaintances have ANY of the following:

- A Fever (defined as above 99.6 degrees) •Shortness of Breath and/or Trouble Breathing?
- A Cough? •Persistent Pain, Pressure, or Tightness in the Chest?

Please initial YES or NO:

_____ NO- patient does NOT have any of the above & is clear to keep appointment

_____ YES- patient DID answer yes to one or more of the above questions & we will call to reschedule appointment

_____ Print Patient's Name

_____ Signature

_____ Date

*THIS QUESTIONNAIRE MUST BE SIGNED FOR EVERY PATIENT
AND EVERY APPOINTMENT*