

Patient screening prior to visit

Patient name:

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 99.6 degrees) within the last 5 days? 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, headache or fatigue? Yes ___ No ___
- Have you/they experienced recent loss of taste or smell? Yes ___ No ___
- Travelled in the last 2 weeks? Yes ___ No ___
- Come in contact with someone experiencing symptoms of COVID-19 in the last 7 days? 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