

## 10264 Lake Arbor Way Mitchellville, Maryland 20721 •Telephone (301)333-3900 •Facsimile (301)333-3239 <a href="http://www.harmonortho.com">http://www.harmonortho.com</a>

## AAOIC SUPPLEMENTAL 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?

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) Yes No
•A Cough? Yes No
•Shortness of Breath and/or Trouble Breathing? YesNo
•Persistent Pain, Pressure, or Tightness in the Chest? 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
Patient Name: