

COVID Survey

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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 and other patients/parents in the practice. Therefore, prior to each appointment, we will be asking the following questions to reduce the chances of transmission:

Do you, your child, anyone accompanying you today or anyone else you have recently been in contact with have any of the following symptoms?

FEVER

Yes No

Chills?

Yes No

Cough?

Yes No

Sore Throat?

Yes No

Shortness of breath and/or trouble breathing?

Yes No

Persistent muscle pain, pressure or tightness in the chest?

Yes No

New Loss of taste or smell?

Yes No

Have you, anyone in your household, or others accompanying you to your upcoming appointment, traveled outside of our local area within the last 14 days?

Yes No

If "Yes", where?

Have you, anyone in your household, others accompanying you today or anyone you have been in contact with tested positive for or been diagnosed as having COVID-19?

Yes No

If "Yes", Who? Approximate dates of illness from symptom start date to symptom end date.

I understand that if the answer to any of these questions is yes, I may be asked to reschedule the upcoming appointment to a later date.

I understand that due to the frequency of visits and visit types of other clients, that I may be at risk of exposure of airborne viruses/bacterias such as COVID-19. I have also read and agree to the COVID-19 protocol found on the Manhattan Family Orthodontics website.

Agreed

Patient Name

Parent/Guaridan Name (if applicable)

Relation to patient

Self

Accompanying Adult

Parent/Guardian