



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 been fully vaccinated against COVID-19? YES____ NO____

Do you, your child or others accompanying you to today's appointment or anyone you have recently been in contact with have any of the following symptoms?

- A Fever (defined as above 100.4 degrees)? YES____ NO____
- Chills? YES____ NO____
- A Cough? YES____ NO____
- Sore throat? YES____ NO____
- Shortness of breath and/or trouble breathing YES____ NO____
- Persistent pain, pressure or tightness in the chest YES____ NO____
- New loss of taste or smell? YES____ NO____

Have you or others accompanying you to today's appointment traveled outside of our local area or outside of the US within the past 14 days?

YES____ NO____

Have you, your child, others accompanying you to today's appointment or anyone you have recently been in contact with tested positive for or been diagnosed as having COVID-19 or any other communicable disease?

YES____ NO____

If yes, provide approximate dates of illness _____

I understand that if the answers to any of these questions is yes, I will be asked to reschedule today's orthodontic appointment.

Patient's Name

Date

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