

COVID-19 Risk/Consent 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 _____

Please take the patient's temperature 30 minutes prior to leaving for appointment and records it here _____ time taken? _____

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

•A Cough? Yes _____ No _____

•Shortness of Breath and/or Trouble Breathing? Yes _____ No _____

•Persistent Pain, Pressure, or Tightness in the Chest? Yes _____ No _____

•Loss of taste or smell? Yes _____ No _____

•A sore throat or chills? 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.

Do you acknowledge and accept the risk of exposure in our orthodontic office to a communicable disease, included but not limited to Covid-19, and consent to treatment?

Patient/Parent Signature

date