



MARKIN\* & PARK\* ORTHODONTICS

\*Certified: American Board of Orthodontics  
Specialist in Orthodontics for Children and Adults

www.mdorthodontics.com

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### AAOIC SUPPLEMENTAL HEALTH QUESTIONNAIRE

*(Please complete a copy of this form for each person that will be entering the clinic)*

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

- A fever/felt feverish in the past 14-21 days? Yes \_\_\_\_\_ No \_\_\_\_\_
- A cough? Yes \_\_\_\_\_ No \_\_\_\_\_
- Shortness of breath or difficulties 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 \_\_\_\_\_
- Experienced recent loss of taste or smell? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you, your child, or anyone in your household been in contact with any confirmed COVID-19 patients in the past 14-21 days? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you, your child, or anyone in your household traveled out of country or out of state in the past 14 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.

\_\_\_\_\_  
Name of person entering clinic

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Signature of Parent / Adult Patient

\_\_\_\_\_  
Date