

# Plaza Orthodontics– Patient Health Screening Form

If you have been exposed to a communicable disease, you may spread the disease to the orthodontist, the 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:

Do you/they have a fever or have you/they felt hot or feverish recently (14-21 days)?

☐

YES

☐

NO

Are you/they having shortness of breath or other difficulties breathing?

☐

YES

☐

NO

Do you/they have a cough?

☐

YES

☐

NO

Any other flu-like symptoms, such as gastrointestinal upset, headache, or fatigue?

☐

YES

☐

NO

Have you/they experienced recent loss of taste or smell?

☐

YES

☐

NO

Are you/they in contact with any confirmed positive COVID-19 positive patients?

☐

YES

☐

NO

*Patients who are well but who have a sick family member at home with COVID-19 should consider postponing elective treatment.*

Have you/they traveled in the past 14 days?

☐

YES

☐

NO

If yes, where have you traveled to?

\_\_\_\_\_

☐

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

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
PARENT/GUARDIAN NAME (if applicable)

\_\_\_\_\_  
RELATION

\_\_\_\_\_  
PATIENT/PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE