



SUPPLEMENTAL HEALTH QUESTIONNAIRE

Patient's Name

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, 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 (defined as above 99.6 degrees) Yes No
- A cough Yes No
- Shortness of breath and/or trouble breathing Yes No
- Persistent pain, pressure or tightness in the chest Yes No

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

Patient/Parent's Signature

Date

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?

Yes No

Patient/Parent's Signature

Date

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