



Dr. Steven Schwartz & Associates ORTHODONTICS

Dr. Steven Schwartz DDS
Dr. Kimberly Bui DDS

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 taking the patient's temperature and asking the following questions to reduce the chances of transmission.

Patient Name _____ Date _____

Temperature _____

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

Shortness of Breath or difficulty breathing? Yes No

Experiencing a cough? Yes No

**Flu-like symptoms
(GI upset, headache, fatigue)?** Yes No

Recent loss of taste or smell? Yes No

**Any contact with any confirmed COVID-19-
positive people?** Yes No

Other symptoms? Please describe _____

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

_____ Parent/Guardian Name

_____ Signature