



DR. ELLEN IM  
PEDIATRIC DENTISTRY  
& ORTHODONTICS

**HEALTH QUESTIONNAIRE**

Pediatric and Orthodontic Treatment Related to COVID-19

If you have been exposed to a communicable disease, you may spread the disease to the dentist, dental team, 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:

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**Do you, your child, or anyone you have recently been in contact with have any of the following symptoms?**  Yes  No

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**Fever (defined as above 99.6 degrees)?**  Yes  No

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**Cough?**  Yes  No

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**Shortness of breath and/or trouble breathing?**  Yes  No

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**Persistent pain, pressure, or tightness in the chest?**  Yes  No

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**Have you, your child, or anyone you have recently been in contact with tested positive for or been diagnosed as having COVID-19 or any other communicable disease?**  Yes  No

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If yes, provide approximate dates of illness \_\_\_\_\_ through \_\_\_\_\_  
Symptom(s) Start Date Symptom(s) End Date

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.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Parent/Guardian Name (if applicable) Relation

\_\_\_\_\_  
Parent/Guardian/Patient Signature

\_\_\_\_\_  
Date