

Temp: _____ F
By: _____

KELLEY ORTHODONTIC 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 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, or 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 any of these questions is yes, I will be asked to reschedule today's orthodontic appointment.

Printed Patient's Name Date

Patient/Parent's Signature Date



WE CREATE *beautiful* SMILES WHILE
IMPACTING THE LIVES
OF OUR PATIENTS *and* OUR COMMUNITY

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