

## Coronavirus Disease (COVID-19) Patient Visit

### Today's Temperature

*Office use only:* \_\_\_\_\_

Patient Name:	Date of Birth Over 60    Yes / No
Patient/ Parent or Guardian's Signature:	
Phone number:	
*Any Changes in your medical history, address, phone #, dental insurance?      Yes      No	
Explain:	
Have you/anyone in your household/accompanying you experienced any respiratory symptoms in the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fever	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shortness of Breath	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of Taste/Smell	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immunocompromised: Do you have heart/kidney/lung disease, diabetes or any autoimmune disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any other symptoms (if applicable):	
Have you/anyone in your household traveled outside of the US in the past 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list location:	
Areas of concern change daily and will be assessed based on the most current CDC guidelines.	
Have you/anyone in your household/accompanying you ever been in close contact (within 6 feet) of a person with COVID-19/Coronavirus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain interaction and include the date:	
Information reviewed by: <i>(Office use only)</i>	
<b>For positive responses other than updated basic information:</b> Please <b>Reschedule &amp; Contact your physician</b> and state health department 804-864-7000	

AAOIC SUPPLEMENTAL INFORMED CONSENT

WB Orthodontics Treatment in the Era of COVID-19

Thank you for your continued trust in our practice. As with the transmission of any communicable disease like a cold or the flu, you may be exposed to COVID-19, also known as "Coronavirus," at any time or in any place. Be assured that we have always followed state and federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of all diseases in our office and continue to do so.

Despite our careful attention to sterilization, disinfection, and use of personal barriers, there is still a chance that you could be exposed to an illness in our office, just as you might be at your gym, grocery store, or favorite restaurant. "Social Distancing" nationwide has reduced the transmission of the Coronavirus. Although we have taken measures to provide social distancing in our practice, due to the nature of the procedures we provide, it is not possible to maintain social distancing between the patients, orthodontist, orthodontic staff and sometimes-other patients at all times.

Although exposure is unlikely, do you accept the risk and consent to treatment?

Yes

No

Patient Name (Print) \_\_\_\_\_

\_\_\_\_\_  
Patient/ Parent or Guardian's Signature

\_\_\_\_\_  
Date