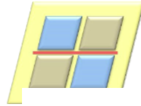


Renick Orthodontics

700 C W. Cherry Street Sunbury, Ohio 43074
740-936-5003 ***www.Renickortho.com*** info@Renickortho.com

COVID – 19 QUESTIONNAIRE – UPDATED 07/15/20

FROM THE AAO: With community transmission of communicable diseases, you could be exposed anywhere to an infectious diseases including, but not limited to Covid-19 (also called Coronavirus). Our orthodontic office is following the State and Federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of communicable diseases. However, it is possible that these precautions will not always be successful in blocking the transmission of these diseases. Social distancing nationwide has reduced the transmission of Covid-19, however it is not possible to provide orthodontic treatment with social distancing between the patient, orthodontist, orthodontic staff and sometimes, other patients. By presenting yourself or your child for orthodontic treatment, you assume and accept the risk that you or your child may inadvertently be exposed to a communicable disease. If you have been exposed to a communicable disease prior to your orthodontic appointment, you may spread the disease to the orthodontist, orthodontic staff and to other patients/parents in the practice. Therefore, prior to each appointment, we require you to answer the following questions:

IF YOU ANSWER YES TO ANY OF THE QUESTIONS, THE PATIENT WILL NEED TO BE RESCHEDULED.

Patient Name: ____ Date: _________________

FROM THE OHIO STATE DENTAL BOARD: To minimize the risk of COVID-19 symptomatic patients, we are implementing this Communicable Disease Screening Questionnaire [CDS form] established by the Ohio State Dental Board. All the questions below need to be asked and recorded. We appreciate your help and consideration for the good of the community to aid us in ensuring that we are doing everything possible to limit the spread of disease.

Please circle your answers

1. Has the patient or anyone in your immediate family been in contact with someone who is sick within the past 7 days?

   Yes No

2. Has the patient or anyone in your immediate family **TRAVELED OUT OF STATE** in the last month? (If yes, list all places traveled and the date returned.) **OUR GENERAL RULE OF THUMB IS THAT WE WILL RESCHEDULE YOUR APPOINTMENT IF YOUR RETURN DATE IS LESS THAN 2 WEEKS FROM YOUR APPOINTMENT DATE.**

   Yes No

PLACE TRAVELED	DATE RETURNED

3. Has the patient or anyone in your immediate family been in contact with someone who has traveled internationally in the last month? [Concerns for COVID-19 exist for travel to places with surges. This may change in the future]

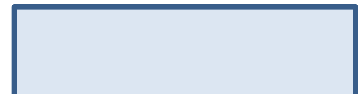
   Yes No

4. Does the patient or anyone in your immediate family have any of the following symptoms? (circle)

   Fever Cough Shortness of Breath Muscle Pain Abdominal pain

   Vomiting Diarrhea Severe Headache Red Eye Weakness

I attest that I have answered the above questions as completely and truly as possible.



____
Signature

RENICK ORTHODONTICS