



Patient Questionnaire

- Patient name _____
- Date of appointment _____
- Start time of this appointment _____
- End time of this appointment _____
- __ Yes __ No Have you had anything hot or cold to drink in the last 30 minutes?
- Patient temperature _____
- __ Yes __ No Have you traveled outside the country in the last 14 days?
- __ Yes __ No Have you or anyone in your household been in close contact with someone who has been diagnosed with or is under investigation for COVID-19?
- __ Yes __ No Do you or anyone in your household have a cough, fever or shortness of breath?
- Patient Signature _____

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