

BONHAM & BONHAM ORTHODONTICS

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, others accompanying you to today's appointment or any family members living with you have:

•A Fever (defined as above 100.2 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 ___

Loss of Taste or smell? Yes ___ No ___

Stomach ache/diarrhea Yes ___ No ___

Have you been recently tested for Covid 19? Yes ___ No ___

Are you waiting for the results for Covid 19 testing? Yes ___ No ___

Have you traveled off island in the last 14 days? Yes ___ No ___

Patient Name and Signature (Parent if patient is a minor)

Date