***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-19or 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 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\_\_\_\_

**Have you been recently tested for Covid 19? Yes\_\_\_ No \_\_\_\_**

**Are you Aviating for the results for Covid 19 testing? Yes\_\_\_ No \_\_\_\_**

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: Patient/Parent if patient is a minor Date