***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 \_\_\_\_\_**

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