

THOV UA KOM TIAV TSAB NTAWV
(FORM COMPLETION REQUEST – HMONG)

Raws li yog kev ceeb toom koj tus me nyuam yuav tsum mus kuaj lub cev tsis ntev kiag no kom thiaj li ua tau cov foos tiav. Thov sau kom tiav tus neeg mob/niam thiab txiv/tus neeg saib xyuas ntu hauv cov ua ntej xa mus rau lub chaw kuaj mob kom ua kom tiav. Yog tias cov ntu ntawd sau tsis tiav, tus kws kho mob yuav tsis tuaj yeem muab daim foos ua kom tiav tau.

Kuv tso cai rau Children's Minnesota ua tsab (cov) ntawv thiab muab cov ntaub ntawv xa raws li qhia nram no. Tsab ntawv tso cai no tsuas tas caij siv tau thaum twg sau ntawv thim nkaus xwb. Yog tus me nyuam muaj hnuv nyoog 18 xyoo los sis laus dua nws yuav tsum tau kos npe rau tsab ntawv no.

1. NCAUJ LUS TXOG NEEG MOB

Neeg Mob Npe: _____ HNUB YUG: _____

Chaw nyob: _____ Nroog: _____ Xeev: _____ Zauv Zip: _____

2. COV NTAUB NTAWV THOV TXOG

Thov qhia meej hom ntawv:

- ☐ Tsab Ntawv Tsim Nyog Rau Kev Ntaus Pob Ncaws Pob
☐ Tsab ntawv rau tsev kawm ntawv
☐ Kev zov me nyuam
☐ Kev pw nruab zoo
☐ Tsab ntawv teev kev muab tshuab

☐ Lwm yam

Koj puas yuav puav leej xav tau?:

- ☐ Ntaub Ntawv Teev ☐ Lub Tswv Yim Npaj Txog ☐ Lub Tswv Yim Npaj Txog ☐ Lub Tswv Yim Npaj Txog
 Tshuaj Txhaj Tiv Thaiv Kev Mob Ntsws Asthma Kev Tsis Haum Cev Kev Chua Leeg
 Nruab Nrog Cev

3. KOJ XAV KOM XA COV NTAUB NTAWV LI CAS

- ☐ Yuav tuaj nqa tsab ntawv ua tiav ntawm lub chaw khiav dej num;
 faj seeb qhia rau kuv ntawm # (____) - _____ - _____

- ☐ Tshuab xa ntawv
 Lub Chaw Npe: _____

XA RAU: _____

Tus xov tooj ntawm tshuab xa ntawv: _____

- ☐ Xa hauv chaw xa ntawv
 Lub Chaw Npe: _____

XA RAU: _____

Chaw Nyob:

- ☐ **Ua lus hais.** Kuv tso cai rau Children's Minnesota tham txog cov ntaub ntawv ntawm tus neeg mob uas teev muaj ntawm ntu 2 nrog cov tib neeg teev muaj ntawm ntu 3.

4. KOS NPE

Sau Lub Npe ntawm Niam Txiv/Neeg Saib Xyuas: _____

Niam Txiv/Neeg Saib Xyuas Kos Npe: _____

Hnuv tim: _____



Completed by date: _____

Completed by initials: _____

PLACE PATIENT LABEL HERE