

CODSIGA BUUXINTA FOOMKA
(FORM COMPLETION REQUEST – SOMALI)

Wax lagu xusuusinayaa in aad ilmahaaga dhakhtar u geyso oo loo soo buuxiyo wixii foomam ah. Fadlan sii buuxi qeybta foomka ee bukaanka/waalidka/masuulka ka hor intaadan kilinigga ugu geyn si ay kuugu buuxiyaan. Haddii aadan foomka qeybtaada buuxin waxaa laga yaabaa in uusan dhakhtarkuna kuu buuxin.

Waxaan Children Minnesota u oggolahay in ay ii buuxiyaan foomka/foomamka iyo in ay meelaha hoose iigu gudbiyaan macluumaadka. Oggolaanshuhu waxa uu dhacaayaa oo keliya marka looga noqdo si qoraal ah. Haddii ilmuhu jiro 18 sano ama ka weyn yahay waa in uu foomkan saxiixdo.

1. MACLUUMAADKA BUKAANKA

Magaca Bukaanka: _____ Taariikhda Dhalashada: _____

Ciwaanka: _____ Magaalada: _____ Gobolka: _____

Lambarka Boostada Xaafadda (Zip): _____

2. MACLUUMAADKA LA CODSADAY

Fadlan sheeg nooca foomka:

- ☐ Foomka Gelidda Isboortiga
☐ Foomka iskuulka
☐ Xannaannada carruurta
☐ Safar teendho-aadis
☐ Foomka daawada la qaadanaayo

☐ Macluumaad Kale

Sidoo kale ma u baahan tahay?

- ☐ Diiwaanka Tallaalka ☐ Qorshaha Waxqabadka Neefta ☐ Qorshaha Waxqabadka Allarjiga ☐ Qorshaha Waxqabadka Suuxdimaha

3. SIDEE BAA MACLUUMAADKA LOO GUDBINAYAA

☐ Waxaan foomka oo buuxsan ka qaadanaayaa xafiiska, igala soo xiriira # (____) - _____ - _____

☐ Fakis

Magaca Xarunta: _____

KU-SOCOTO MAGACA: _____

Lambarka fakiska: _____

☐ Boostada

Magaca Xarunta: _____

KU-SOCOTO MAGACA: _____

Cinwaanka: _____

☐ **Oggolaanshaha Afka.** Waxaan Children's Minnesota u oggolahay in ay macluumaadka bukaanka ee kor ku qoran qeybta 2aad kala hadli karaan shakhsiyaadka ku qoran qeybta 3aad.

4. SAXIIXA

Far Waaweyn Magaca Waalidka/Masuulka: _____

Saxiixa Waalidka/Masuulka: _____

Taariikhda: _____



Completed by date: _____

Completed by initials: _____

PLACE PATIENT LABEL HERE