

Qhov Yuav Tsum Tau Mus Soj Ntsuam Hniav Thaum Mus Kawm Ntawv Hauv Tsev Kawm Ntawv

California txoj cai, *Txoj Cai Hais Txog Kev Kawm Ntawv* Seem 49452.8, tam sim no kom koj tus menyuam yuav tsum tau mus soj ntsuam hniav tsis pub dhau lub Tsib Hlis Ntuj tim 31 hauv thawj xyoo uas nws mus kawm ntawv. Cov kev mus soj ntsuam hniav li ntawm 12 lub hlis tas los ua ntej koj tus menyuam mus pib kawm ntawv yuav siv tau rau hauv qhov uas yuav tsum tau ua no. Yog hais tias koj coj tsis tau koj tus menyuam mus soj ntsuam hniav, tej zaum yuav zam tau rau koj hais txog qhov uas yuav tsum tau ua no uas teb Seem 3 hauv daim ntawv no.

Seem 1

Niam txiv los sis tus neeg saib xyuas teb qhov no

Tus menyuam Lub Npe:	Lub Xeem:	Tus ntawv cim npe nrab:	Tus menyuam lub hnuv yug:
Tus zauv cim lub tsev:	Txoj kev:	Lub Nroog:	Zauv cheeb tsam:
Tsev kawm ntawv Lub Npe:	Tus kws qhia ntawv:	Qib kawm:	Tus menyuam zeej xeeb: <input type="checkbox"/> Tub <input type="checkbox"/> Ntxhais
Niam Txiv/Tus Neeg Saib Xyuas Lub Npe:	Tus menyuam hom neeg/ethnicity: <input type="checkbox"/> Neeg dawb <input type="checkbox"/> Mis Kas Dub/African American <input type="checkbox"/> Mev (Hispanic) /Latino <input type="checkbox"/> Neeg Es Xias <input type="checkbox"/> Qhab Mis Kas <input type="checkbox"/> Neeg Alaska <input type="checkbox"/> Neeg Hawaiian/Pacific Islander <input type="checkbox"/> Ntau Haiv Neeg <input type="checkbox"/> Tsis paub		

Section 2

Oral Health Data Collection

To be completed by the dental professional conducting the assessment

Tus kws kho hniav uas ua qhov kev soj ntsuam teb seem no

Assessment Date:	<u>Visible caries and/or fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed
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Dental professional's signature

Date

Xa daim ntawv no rov qab mus rau tom tsev kawm ntawm tsis pub dhau lub Tsib Hlis Ntuj Tim 31

Muab daim tseem tseem tso rau hauv tus menyuam cov ntaub ntawv kawm ntawv.

Seem 3

Zam Tawm Ntawm Qhov Uas Yuav Tsum Tau Soj Ntsuam Hniav Niam txiv los sis tus neeg saib xyuas uas thov kom zam ntawm qhov uas yuav tsum tau ua no teb seem no

Kuv thov kom zam kuv tus menyuam tawm ntawm qhov uas yuav tsum Mus Soj Ntsuam Hniav Thaum Mus Kawm Ntawv rau qhov nram qab no:
(Thov kos lub thawv uas qhia tau zoo tshaj seb yog vim li cas)

Kuv nrhiav tsis tau ib qho chaw soj ntsuam hniav uas yuav txais kuv tus menyuam qhov kev pab them nqi.

Kuv tus menyuam tau qhov kev pab them nqi nram qab no: Medi-Cal/Denti-Cal
Healthy Families Healthy Kids Tsis muaj Lwm yam

Kuv them tsis taus ib qho kev soj ntsuam hniav rau kuv tus menyuam.

Kuv tsis xav kom kuv tus menyuam mus soj ntsuam hniav.

Tsis teb los tau: lwm yam uas ua rau kom kuv tus menyuam mus soj ntsuam hniav tsis tau:

California txoj cai kom cov tsev kawm ntawv ceev cov lus qhia txog tus menyuam qhov kev feem nraim. Cov lus qhia tias seb koj tus menyuam yog leej twg yuav tsis txuam rau hauv cov kev qhia uas muaj hais txog qhov uas yuav tsum tau ua no. Yog hais tias koj muaj lus nug txog qhov uas yuav tsum tau ua no, thov hu rau lub tsev kawm ntawv qhov chaw ua hauj lwm ntawm _____.

Niam txiv los sis tus neeg saib xyuas kos npe

Zwj thaj

**Xa daim ntawv no rov qab mus rau tom tsev kawm ntawm
tsis pub dhau lub Tsib Hlis Ntuj Tim 31**

Muab daim tseem tseem tso rau hauv tus menyuam cov ntaub ntawv kawm ntawv.