

Tsab Ntawv Ntsuam Xyuas Hniav

California txoj cai (*Kev Cai Kawm Ntawv Seem 49452.8*) hais tias koj tus me nyuam yuav tsum mus ntsuam xyuas nws cov hniav ua ntej lub Tsib Hlis Hnub Tim 31 hauv nws thawj lub xyoo kawm ntawv rau hauv lub tsev kawm ntawv dawb. Yuav tsum yog ib tug kws kho hniav muaj cai hauv California ua tus ntsuam xyuas cov hniav thiab sau Ntu 2 ntawm tsab ntawv no. **Yog koj tus me nyuam twb mus ntsuam xyuas hniav 12 lub hlis ua ntej nws pib kawm ntawv, hais kom koj tus kws kho hniav sau Ntu 2.** Yog koj coj tsis tau koj tus me nyuam mus ntsuam xyuas nws cov hniav, sau Ntu 3.

Ntu 1: Ncauj Lus Txog Tus Me Nyuam (Niam txiv los yog tus saib xyuas sau)

Me Nyuam Npe:	Xeem:	Tsiaj Ntawv Cim Npe Nruab Nrab:	Me Nyuam Hnub Yug:
Chaw Nyob:			Chav Tsev.:
Zos:			ZIP code:
Tsev Kawm Ntawv Npe:	Xib Fwb:	Qib Kawm:	Tus Me Nyuam Yog: <input type="checkbox"/> Tub <input type="checkbox"/> Ntxhais
Niam Txiv/Tus Saib Xyuas Npe:	Tus Me Nyuam Haiv Neeg/hom neeg: <input type="checkbox"/> Neeg Dawb <input type="checkbox"/> Neeg Dub/Neeg Asmeskas Dub <input type="checkbox"/> Neeg Mes Hispanic/Latino <input type="checkbox"/> Neeg Esxias <input type="checkbox"/> Neeg Asmeskas Ib Txwm Nyob Teb Chaws No <input type="checkbox"/> Neeg Tsuam Tsoov <input type="checkbox"/> Lwm Hom _____ <input type="checkbox"/> Neeg Hawaii/Neeg Pov Txwv Pacific <input type="checkbox"/> Tsis paub		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

Ntu 2: Sau Txog Hniav (Sau los ntawm Tus kws muaj ntawv kho hniav hauv California)

IMPORTANT NOTE: Consider each box separately. Mark each box.

LUS TSEEM CEEB: Xam zoo zoo txog ib kem zus. Kos ib kem twg zus.

Assessment Date: Hnub Tim Ntsuam Xyuas:	<u>Caries Experience Muaj Dhau Los</u> (Visible decay and/or fillings present) (Pom kab noj thiab/los yog ntsaws hniav) <input type="checkbox"/> Yes Muaj <input type="checkbox"/> No Tsis Muaj	<u>Visible Decay Present:</u> <u>Pom kab noj:</u> <input type="checkbox"/> Yes Muaj <input type="checkbox"/> No Tsis Muaj	<u>Treatment Urgency: Kev Yuav Tau Kho Ceev:</u> <input type="checkbox"/> No obvious problem found Tsis pom muaj teeb meem <input type="checkbox"/> Early dental care recommended (Caries without pain or infection or child would benefit from sealants or further evaluation) Yuav tsum mus kho hniav ntxov (Tsis muaj mob los yog voos mob los yog yuav tau siv tshuaj tiv thaiv kab noj cov hniav los yog ntsuam xyuas mus ntxiv) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions) Yuav tsum kho hniav sai (mob, voos, o los yog nqaj to)
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<hr/> Licensed Dental Professional Signature Kws Kho Hniav Muaj Ntaub Ntawv Kos Npe	<hr/> CA License Number CA Daim Ntawv Tso Cai Tus Zauv	<hr/> Date Hnub Tim
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Ntu 3: Zam Tsis Tag Yuav Ntsuam Xyuas Hniav

Tus niam txiv los yog tus neeg saib xyuas yuav tsum sau thiaj zam tau txoj kev ntsuam xyuas hniav no

Thov zam kuv tus me nyuam ntawm txoj kev ntsuam xyuas hniav vim tias: (Kos rau kem uas piav qhov laj thawj zoo tshaj plaws.)

- Kuv nrhiav tsis tau lub chaw kho hniav uas yuav kam txais kuv tus me nyuam hom kev them nqi kho mob.
 - Kuv tus me nyuam hom kev them nqi kho mob yog:
 - Medi-Cal/Denti-Cal Healthy Families Healthy Kids Lwm hom _____ Tsis muaj
 - Kuv them tsis taus cov nqi ntsuam xyuas kuv tus me nyuam cov hniav.
 - Kuv tsis xav kheev ntsuam xyuas kuv tus me nyuam cov hniav.
- Kev xaiv: lwm cov laj thawj uas ntsuam xyuas tsis tau kuv tus me nyuam cov hniav: _____

Yog thov kom zam txoj kev ntsuam xyuas hniav no: _____

Niam Txiv los yog tus neeg saib xyuas Kos Npe

Hnub Tim

Txoj cai hais tias cov tsev kawm ntawv yuav tsum ceev cia cov neeg kawm ntawv tej ntaub ntawv txog kab mob kev nkeeg zoo cia. Koj tus me nyuam lub npe yuav tsis tshwm hauv txhua cov ntawv ceeb toom vim yog muaj txoj cai no ceev. Tsuas siv tau cov lus no yog muaj feem xyuam rau koj tus me nyuam txoj kev noj qab haus huv. Yog koj muaj tej lus nug, thov hu rau koj lub tsev kawm ntawv.

Rov xa tsab ntawv no rau lub tsev kawm ntawv ua ntej lub Tsib Hlis Hnub Tim 31 hauv thawj xyoo koj tus me nyuam mus kawm ntawv.

Daim tseem yuav muab khaws cia nyob rau hauv tus me nyuam lub tsev kawm ntawv cov ntaub ntawv.

[NOTE TO LOCAL EDUCATIONAL AGENCIES (LEAS): As a form of assistance to LEAs, the California Department of Education (CDE) offers this translation free of charge. Because there can be variations in translation, the CDE recommends that LEAs confer with local translators to determine any need for additions or modifications, including the addition of local contact information or local data, or modifications in language to suit the needs of specific language groups in the local community. If you have comments or questions regarding the translation, please e-mail the Clearinghouse for Multilingual Documents (CMD) at cmd@cde.ca.gov.]