

Keep Kwm Kev Kho Mob

Lub Npe: _____ Hnub Yug: _____ Hnub Tim ntawm Hnub No: _____

Cov Tshuaj Kho Mob	Keep Kwm Kev Kho Mob	Lwm Yam Keep Kwm Kev Kho Mob
<p>Teev TAG NRHO cov tshuaj thiab qhov tshuaj ntau npaum li cas: <i>Suav nrog kev tswj kom tsis txhob muaj menyuam, tshuaj ntsuab, cov vitamins thiab lwm cov tshuaj noj uas yuav tau ntawm txe muag tshuaj uas tsis muaj ntawv sau tshuaj.</i></p> <p>Koj puas tau noj dua cov tshuaj Fosamax, Actonel, Cov tshuaj boniva los <input type="checkbox"/> Tau sis cov tshuaj zoo sib xws ne? <input type="checkbox"/> Tsis Tau</p>	<p>Hawb pob: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Hnoos Tsis Tu Qab/ COPD (Mob Hlab Ntsws Txhaws): <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Mob Ntsws Qhuav: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Ua mob rau daim siab <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Kab Mob Daim Siab: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Qaug dab peg: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Mob taub hau/Mob taub hau raug hnub tes hnub tau: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Muaj Keep Kwm kev Tsaus Muag: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Mob Raum: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Ntshav Qab Zib: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Ntshav Siab: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Kab Mob Lub Plawv/Kab mob daim npluag kaws lub plawv: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Lub ntsw txhib lub plawv: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Cov Roj Cholesterol ntau: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Mob stroke: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Mob Khees Xaws: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Yees duab hluav taws xob lossis Siv tshuaj khes mis kho mob: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Kev Nyuaj Siab/Kev Ntxhov Siab: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Mob Bipolar: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Mob hlwb: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Mob HIV/AIDS: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Los Ntshav lossis Ntshav Txawv Txav: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Keep Kwm Ntshav Khov: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Kev Hloov Ntshav: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Pon Pob Qa: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Keep Kwm Kev Phais Qhov Muag: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Mob glaucoma: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Tsis Hnov Lus lossis Hnov Lus Tsis Zoo: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Mob nraub qaum los yog Pob qib txha: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Nruab Pob Qib Txha Cuav: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Pob txha yaig/Pob Txha Nqws: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Quav Tshuaj lossis Dej Cawv: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Kab Mob Sib Kis Los Ntawm Kev Sib Deev: (THOV TEEV QHIA)</p> <p>Lwm yam:</p> <p>Koj puas tau mus pw hauv tsev kho mob lossis phais mob: <input type="checkbox"/> Tau <input type="checkbox"/> Tsis Tau</p>	<p>Puas yog koj muaj kev sib daj sib deev: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Puas yog Koj Cev Xeebtub/ Pub Mis Rau Me Nyuam Noj: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Cov Me Nyuam: _____</p> <p>Cov Zaug ntawm Cev Xeeb Tub: _____</p>
Cov kev phiv fab		Keep Kwm Kev Kho Hniav
<p>Tshuaj Penicillin/Amoxicillin: <input type="checkbox"/> Tau <input type="checkbox"/> Tsis Tau</p> <p>Tshuaj Erythromycin: <input type="checkbox"/> Tau <input type="checkbox"/> Tsis Tau</p> <p>Tshuaj Sulfa: <input type="checkbox"/> Tau <input type="checkbox"/> Tsis Tau</p> <p>Tshuaj Loog Tshwj Xeeb: <input type="checkbox"/> Tau <input type="checkbox"/> Tsis Tau</p> <p>Tshuaj Codeine: <input type="checkbox"/> Tau <input type="checkbox"/> Tsis Tau</p> <p>Tshuaj noj zoo mob taub hau/ Ibuprofen: <input type="checkbox"/> Tau <input type="checkbox"/> Tsis Tau</p> <p>Tshuaj Latex: <input type="checkbox"/> Tau <input type="checkbox"/> Tsis Tau</p> <p>Lwm yam tshuaj:</p> <p>Fab Txhaum Rau Khoom Noj Haus:</p> <p>Fab Txhaum Rau Ib Puag Ncgig:</p>		<p>Zaum Kawg Nkaus Uas Koj Tau Mus Kho Hniav: _____</p> <p>Koj puas muaj kev Ntxhov Siab Fab Kev Kho Hniav: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Cov kev txhawj xeeb txog kev kho hniav tam sim no: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog Yog tias YOG, yog dab tsi?</p> <p>Puas yog koj tab tom MOB? <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Mob los yog Loog rau hauv: <input type="checkbox"/> SAB PLHU <input type="checkbox"/> CAJ DAB <input type="checkbox"/> QHOV NCAUJ</p> <p>Koj puas muaj cov kaus hniav TSIS KHOV: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Puas yog koj cov pos hniav LOS NTSHAV: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Puas yog koj TOM HNIAV lossis ZOM HNIAV: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Koj puas rau HNIAV CUAV: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Yog tias YOG, <input type="checkbox"/> Ib Feem <input type="checkbox"/> Tag Nrho</p> <p>Koj puas tau muaj KEV ZAWM HNIAV: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Koj puas UA QAJ: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Mob/Qhov Txhab ntev txog > 2 lub lim tiam: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Puas Tau Txhaws Qa Los Ntev: <input type="checkbox"/> Yog <input type="checkbox"/> Tsis Yog</p> <p>Koj txhau hniav ntau npaum li cas: _____</p> <p>Koj xyuas hlua dig hniav ntau npaum li cas: _____</p> <p>Koj puas nquag haus: Soda _____ x Hnub <input type="checkbox"/> TSIS YOG Kua txiv _____ x Hnub <input type="checkbox"/> TSIS YOG Dej Txhawb Zog _____ x Hnub <input type="checkbox"/> TSIS YOG</p>
Keep Kwm Tsev Neeg Li Kev Noj Qab Haus Huv		Keep Kwm Kev Sib Raug Zoo
<p>Puas yog muaj QEE LEEJ hauv koj tsev neeg raug kev txom nyem los ntawm ib qho ntawm cov hauv qab no? (QHIA MEEJ SEB YOG LEEJ TWG)</p> <p>Ntshav siab: _____</p> <p>Mob Plawv: _____</p> <p>Khees xaws (hom): _____</p> <p>Mob ntshav qab zib: _____</p> <p>Muaj Teeb Meem Lub Pob Qa: _____</p> <p>Ntxhov siab: _____</p> <p>Kev Nyuaj Siab: _____</p> <p>Muaj mob Bipolar: _____</p> <p>Mob hlwb: _____</p> <p>Siv Yeeb Tshuaj: _____</p>		<p>Siv dej cawv: <input type="checkbox"/> TAM SIM NO <input type="checkbox"/> YAV DHAU LOS <input type="checkbox"/> YEEJ IB TXWM TSIS MUAJ</p> <p>Rau Cov Poj Niam: Xyoo dhau los, koj puas tau haus ntau tshaj 3 khob ntawm txhua hom dej cawv nyob hauv ib hnub lossis ntau dua 7 khob nyob hauv ib lub lim tiam? <input type="checkbox"/> Tau <input type="checkbox"/> Tsis Tau</p> <p>Rau Cov Txiv Neej: Xyoo dhau los, koj muaj ntau dua 4 zaug ntawm txhua yam cawv nyob hauv ib hnub lossis ntau dua 14 zaug nyob hauv ib lub lim tiam? <input type="checkbox"/> Tau <input type="checkbox"/> Tsis Tau</p> <p>Nyob rau hauv 28 hnub dhau los, koj puas tau siv qee yam ntawm cov tshuaj hauv qab no? (KOS RAU TXHUA YAM UAS SIV TAU)</p> <p><input type="checkbox"/> Marijuana <input type="checkbox"/> Inhalants <input type="checkbox"/> Sedatives <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Cocaine <input type="checkbox"/> Opioids <input type="checkbox"/> Tshuaj neeg/Tshuaj txhawb zog <input type="checkbox"/> Kev siv tshuaj qib IV: _____</p>

Kuv tau teb txhua cov lus nug raws li qhov kuv paub.

Tus Neeg Mob/Tus Saib Xyuas Kos Npe: _____ Hnub Tim: _____