AdvocateAuroraHealth®

TSIS YOG-MEDICARE DAIM NTAWV CEEB TOOM TXOG KEV SOJ NTSUAM COV NEEG MOB UAS TSIS PW KHO HAUV TSEV KHO MOB (NOON) (NON-MEDICARE OUTPATIENT OBSERVATION NOTICE - NOON)

Koj yog tus neeg mob uas tsis pw kho hauv hauv tsev kho mob tau txais kev saib xyuas. Koj tsis yog tus neeg mob pw kho hauv tsev kho mob vim:

☐ Raws li koj qhov chaw kho mob hauv tsev kho mob, koj tus kws kho mob yuav txiav txim siab seb puas muaj kev hloov pauv rau tus neeg mob hauv tsev kho mob.

☐ Koj tus kws kho mob tsis xav kom koj nyob hauv tsev kho mob ob hmos (ob hmo txog ib tag hmo.)

☐ Lwm Yam: _____

_____

Ua tus neeg mob uas tsis pw kho hauv tsev kho mob tuaj yeem cuam tshuam txog qhov koj them hauv tsev kho mob:

Nws yog ib qho tseem ceeb rau koj kom nkag siab tias yog ib tus neeg mob uas tsis pw kho mob hauv tsev kho mob, koj yuav tau them tus nqi ntawv los ntawm hnab tshos, xws li cov nyiaj sib koom them, cov nyiaj yus them yus, cov tshuaj suav nrog cov tshuaj noj yus yuav noj, lwm yam khoom siv rau tshuaj kho mob.

Cov kev pab cuam saib xyuas yuav cuam tshuam txog kev duav roos kho mob thiab kev them nqi kho mob tom qab koj tawm hauv tsev kho mob mus:

Advocate Aurora Health nrog kev sib koom tes ntawm koj txoj phiaj xwm kho mob thaum tso tawm tsev kho mob mus rau ib lub chaw tu neeg mob uas paub zoo los sis kev saib xyuas hauv tsev los sis hauv zej zog.

Yog tias koj muaj lus nug txog koj cov kev pab cuam saib xyuas:

- Thov tiv tauj rau koj txoj phiaj xwm tuav pov hwm kho mob yog tias koj muaj lus nug txog koj qhov kev tuav pov hwm duav roos.
- Nug cov neeg ua hauj lwm hauv tsev kho mob uas muab tsab ntawv ceeb toom no rau koj los sis tus kws kho mob muab kev saib xyuas hauv tsev kho mob rau koj.

  Koj kuj tseem tuaj yeem thov tham nrog ib tus neeg hauv tsev kho mob txog kev siv los sis kev npaj tawm tsev kho mob mus tau thiab.

Thov kos npe hauv qab no kom pom tias koj tau txais thiab nkag siab txog tsab ntawv ceeb toom no.

_____ _____ _____

Hnub Tim | Lub Sij Hawm Tus Neeg Mob los sis Tus Neeg Sawv Cev Raug Cai Kos Npe

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Interpreter Assistance: If an interpreter assisted, please complete the following: Language: _____

Date:_____Time:_____ Interpreter Name:_____ID#: _____