

# Fadlan Buuxi Foomkaan Si Aan Kuu Caawino

Please Complete This Form So We Can Help You

Warqaddaan adiga hayso. Qof shaqaale ah ayaa fiirin doona waraaqdaada goor dhow.  
Keep this paper with you. A staff person will look at your paper soon.

**Magaca bukaanka** \_\_\_\_\_

Patient's name

- Lab                                      Da'da \_\_\_\_\_                                      Culeys \_\_\_\_\_ kilogram/pound  
Male    Age    Weight    kilogram/pound
- Dhedig  
Female

**Yaa buuxinaya foomkaan?**

- Aniga, bukaanka  
 Xubin qoyska bukaanka ka tirsan ama saaxiib  
 Turjubaanka bukaanka

**Who is filling out this form?**

- Me, the patient  
Patient's family member or friend  
An interpreter for the patient

**Maxaad halkan u joogtaa?**

- Waan jiranahay ama dhaawacanahay musiibo dhacdey daraadeed  
 Waan jiranahay ama dhaawacanahay laakiin musiibo dhacdey daraadeed ma aha  
 Waxaan halkan u joogaa inaan caawiyo ama raadsado xubin qoyskayga ka mid ah

**Why are you here?**

- I am ill or injured because of a disaster  
I am ill or injured but not because of a disaster  
I am here to help or look for a family member

**Uur ma leedahay?**

- Haa  
 Waxaan ku jiraa fool  
 Maya  
 Ma hubo

**Are you pregnant?**

- Yes  
I am in labor  
No  
I am not sure

Ma u safartay wadanka dibadiisa 2 dii bilood ee la soo dhaafay?

- Haa  
 Maya

Have you traveled outside the country in the past 2 months?

- Yes  
No

Haddii ay haa tahay, wadankee aaday?

If yes, to what country?

\_\_\_\_\_

**Dhibaato nooc ee ah ayaad qabtaa?**

Calaamadee dhamaan kuwa khuseeya.

- Neefsashada ayaa i dhibeysa
- Waxaa i haayo feera xanuun, cadaadis ama raaxo la'aan
- Waan dhiig baxaaya
- Waxaan qabaa madax xanuun daran
- Waxaan dareemayaa wareer ama madax fudeyd
- Waxaan qabaa dhibaatooyinka araga
- Wax ma maqli karo
- Laf ayaa iga jabtay
- Maqaarka ayaa i gubanaya
- Waxaan qabaa nabar, barar ama casaan maqaarka ah
- Waxaan dareemayaa kabuubyo
- Waxaan dareemayaa lallabbo, matag ama shuban
- Waxaan qabaa hargab, qufac ama qandho

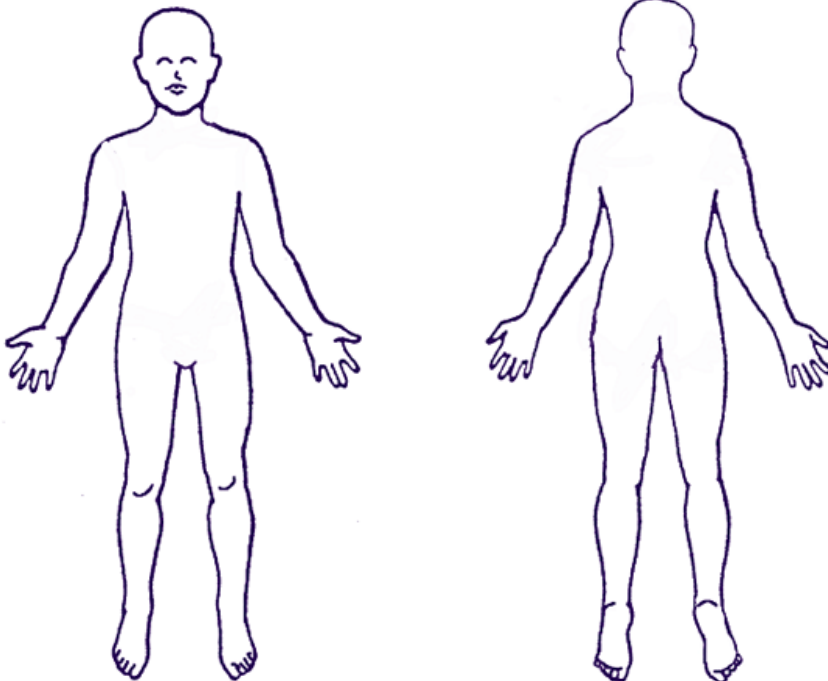
**What problem are you having?**

Mark all that apply.

- I am having trouble breathing
- I am having chest pain, pressure or discomfort
- I am bleeding
- I have a severe headache
- I feel dizzy or lightheaded
- I am having problems seeing
- I cannot hear
- I have a broken bone
- My skin is burning
- I have a skin rash, swelling or redness
- I feel numbness or tingling
- I have nausea, vomiting or diarrhea
- I have a runny nose, cough or a fever

**Sawiradaan ku calaamadeey halka aad xanuunka ka dareemeyso.**

Mark on these figures where you feel pain.



**Calaamadee wixii cudurro ah ama xaalado caafimaad ah oo aad qabto ama aad horey u qabtey.**

- Neef
- Sokorow
- Cudurka wadnaha
- Cagaarshow (Hepatitis)
- Dhiig kar
- Cadaadiska unugyada ee ay sabab u tahay Cudurka HIV, kansarka ama sabab kale
- Wadna Qabad

**Calaamadee daawooyinka aad qaadata.**

- Daawooyinka wadnaha
- Daawooyinka dhiig karka
- Yareeyayaasha dhiigga sida Coumadin
- Daawooyinka neefsashada
- Insulin
- Daawooyinka kale ee farmashiga laga soo iibsado sida **daawooyinka lidka-ku ah asidhka, daawooyinka caloosha jilciya ama daawooyinka xanuunka**

**Calaamadee wixii xasaasiyad ah ee aad qabtid.**

- Waxyaalaha caanaha ka samaysan sida ukunta ama caanaha
- Cuntada badda
- Kalarada ama iodine
- Aspirin
- Penicillin
- Morphine
- Sulfa
- Xabag
- Waxkale \_\_\_\_\_

**Mark any diseases or conditions you have or have had in the past.**

- Asthma
- Diabetes
- Heart disease
- Hepatitis
- High blood pressure
- Immunosuppression from HIV, cancer or other reason
- Stroke

**Mark any medicines you are taking.**

- Heart medicines
- Blood pressure medicines
- Blood thinners such as Coumadin
- Breathing medicines
- Insulin
- Other over the counter medicines such as antacids, laxatives or pain medicines

**Mark any allergies you have.**

- Dairy products such as eggs or milk
- Seafood
- Dye or iodine
- Aspirin
- Penicillin
- Morphine
- Sulfa
- Latex
- Other