

PNDP Data Elements – Tracking Log

OMB # 0915-XXXX

Navigated Patient Tracking Log Form Example

Subject ID: _____

Date of Activity: _____

Patient Navigator: _____

Time of Activity: _____

1. Characteristics of Communication

Type (Check only one)	Person(s) Involved: (Check all that apply)	Reason for communication: (Check all that apply)
<input type="checkbox"/> Telephone call	<input type="checkbox"/> Patient	<input type="checkbox"/> Reminder call
<input type="checkbox"/> Home meeting	<input type="checkbox"/> Social network (family, friends, etc.)	<input type="checkbox"/> Patient Education
<input type="checkbox"/> Face-to-face meeting at clinic	<input type="checkbox"/> Healthcare provider	<input type="checkbox"/> Schedule health care appt.
<input type="checkbox"/> Accompaniment to healthcare visit	<input type="checkbox"/> Healthcare staff	<input type="checkbox"/> Schedule other appointment
<input type="checkbox"/> Accompaniment to social service site	<input type="checkbox"/> Community resource staff	<input type="checkbox"/> Arrange for medical records
<input type="checkbox"/> Accompaniment to community org	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Arrange for transportation
<input type="checkbox"/> Written (email/letter)		<input type="checkbox"/> Other arrangements
<input type="checkbox"/> Other: _____		

2. Patient Navigator Activities (Check All That Apply):

- | | |
|--|--|
| <input type="checkbox"/> Coordinate health care services/ referrals (screening and/or treatment) | <input type="checkbox"/> Assist patient overcome barriers |
| <input type="checkbox"/> Facilitate involvement of community organizations | <input type="checkbox"/> Coordinate health care coverage |
| <input type="checkbox"/> Notify and coordinate clinical trials | <input type="checkbox"/> Assist in seeking preventative care |

Barriers Addressed (Check All That Apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Language/Interpreter | <input type="checkbox"/> Financial problems |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Literacy | <input type="checkbox"/> Employment issues |
| <input type="checkbox"/> Childcare issues | <input type="checkbox"/> Communication concerns with medical personnel | <input type="checkbox"/> Perceptions about tests/treatment |
| <input type="checkbox"/> Location of healthcare provider | <input type="checkbox"/> System problems with scheduling care | <input type="checkbox"/> Attitudes toward providers |
| <input type="checkbox"/> Out of town/country | <input type="checkbox"/> Medical/mental health comorbidity | <input type="checkbox"/> No barriers identified |
| <input type="checkbox"/> Patient disability | <input type="checkbox"/> Insurance/high copay | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Fear | | |

4. Referrals Facilitated Today (Navigation Targets) (Check All That Apply):

- | | |
|--|---|
| <input type="checkbox"/> Screening | <input type="checkbox"/> Social services |
| <input type="checkbox"/> Treatment | <input type="checkbox"/> Community organization (Type_____) |
| <input type="checkbox"/> Pharmacy assistance program | <input type="checkbox"/> Clinical trial |
| <input type="checkbox"/> Health care coverage programs | <input type="checkbox"/> Other_____ |

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5. Program status (Check Only One):

- Navigation in progress
- Patient refused navigation
- Patient cannot be reached/Lost to navigation

OR Navigation complete:

- Screening complete; negative finding
- Followup test complete; negative finding
- Completed treatment
- Achieved other target _____

Visits Reported Since Last Patient Contact:

Screening Date: _____

Hospital Stay (# Days): _____

Specialist Visit Dates: _____

Clinical Trial Attempt: _____

Primary Care Visit : _____

Social Service Visit: _____

Emergency Room Visit: _____

Community Organization Meetings: _____