

# Patient Intake Form

Study ID: \_\_\_\_\_

Navigator: \_\_\_\_\_

Local Identifiers (site use only)

Enrollment Date: \_\_\_\_\_

Subsite: \_\_\_\_\_

### Demographics

**Gender (Check one) \***  
 Male  
 Female  
 Transgender

**Birth year \*** \_\_\_\_\_

**Education (Check one)**  
 No formal education  
 Primary education only  
 Some HS/secondary education  
 HS Diploma/GED/other secondary education  
 Some college/vocational school/ other post-secondary education  
 Completed college, post-secondary or vocational school  
 Post-college/graduate school  
 Refused

**Ethnicity (Check one) \***  
 Hispanic or Latino  
 Non-Hispanic

**Race (Check all that apply)**  
 White  
 Black/African American  
 Asian  
 Native Hawaiian/Pacific Islander  
 American Indian/Alaska Native  
 Refused

*Optional race coding:*

**Primary/preferred language \***  
(Check one)

English  
 Spanish  
 Chinese  
 Fijian  
    Filipino →  Tagalog  
                   Ilocano  
                   Visayan  
                   Other  
 French  
 Haitian Creole  
 Hmong  
 Japanese  
 Korean  
    Micronesian →  Chuukese  
                      Kosraean  
                      Marshalese  
                      Pohnpeian  
                      Yapese  
 Mixteco  
 Navajo  
 Samoan  
 Somali  
 Tongan  
 Vietnamese  
 Other  
    ↳ Specify: \_\_\_\_\_

\* Required for registration

### Household

**3-digit zip prefix** \_\_\_\_\_  
 Refused

**Household size** \_\_\_\_\_  
 Refused  
(# in household, including patient)

**Household income (Check one)**  
 Less than \$10K  
 \$10K to \$19,999  
 \$20K to \$29,999  
 \$30K to \$39,999  
 \$40K to \$49,999  
 \$50K or more  
 Refused

### Utilization

**# Hospital stays, past year**  
 None  
 One stay  
 More than 1 stay  
 Not Available

**# ER visits, past year**  
 None  
 One ER visit  
 More than 1 visit  
 Not Available

### Coverage

**Pharmacy assistance**  
 No  
 Yes  
 Not Available

**Health care coverage (Check all that apply)**  
 No coverage  
 Medicare  
 Medicaid  
 IHS (Indian Health Service)  
 Private insurance  
 Other Government plan  
 Single service plan  
 Reduced-fee/sliding scale  
 Free care  
 Other  
    ↳ Specify: \_\_\_\_\_

### Navigated Condition(s)

Check all that apply

**Asthma** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Asthma, at risk/pre-asthma  
 Asthma, diagnosed

**CHF** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Congestive Heart Failure)  
 CHF, diagnosed

**CVD** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Cardiovascular Disease)  
 CVD, at risk/family history  
 CVD, diagnosed

**Depression** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Depression, positive screen  
 Depression, diagnosed

**Diabetes** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Diabetes, at risk/family history  
 Diabetes, pre-diabetes  
 Diabetes, diagnosed  
 Gestational diabetes

**Hyperlipidemia** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Hyperlipidemia, diagnosed

**Hypertension** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Hypertension, positive screen  
 Hypertension, diagnosed

**Obesity** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Obesity (adult)  
 Obesity (pediatric)

**Other** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Other  
    ↳ Specify: \_\_\_\_\_

**Cancer** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Type of cancer: \_\_\_\_\_  
 Cancer, screening  
 Cancer, abnormal finding  
 Cancer, diagnosed  
    ↳ Stage: 0 1 2 3 4 N/A

# Patient Intake Form (cancer only)

Study ID: \_\_\_\_\_

Navigator: \_\_\_\_\_

*Local Identifiers (site use only)*

Enrollment Date: \_\_\_\_\_

Subsite: \_\_\_\_\_

## Demographics

**Gender (Check one) \***  
 Male  
 Female  
 Transgender

**Birth year \*** \_\_\_\_\_

**Education (Check one)**  
 No formal education  
 Primary education only  
 Some HS/secondary education  
 HS Diploma/GED/other secondary education  
 Some college/vocational school/ other post-secondary education  
 Completed college, post-secondary or vocational school  
 Post-college/graduate school  
 Refused

**Ethnicity (Check one) \***  
 Hispanic or Latino  
 Non-Hispanic

**Race (Check all that apply)**  
 White  
 Black/African American  
 Asian  
 Native Hawaiian/Pacific Islander  
 American Indian/Alaska Native  
 Refused  
*Optional race coding:*

**Primary/preferred language \***  
*(Check one)*  
 English  
 Spanish  
 Chinese  
 Fijian  
 Filipino →  Tagalog  
 Ilocano  
 Visayan  
 Other  
 French  
 Haitian Creole  
 Hmong  
 Japanese  
 Korean  
 Micronesian →  Chuukese  
 Kosraean  
 Marshalese  
 Pohnpeian  
 Yapese  
 Mixteco  
 Navajo  
 Samoan  
 Somali  
 Tongan  
 Vietnamese  
 Other  
 ↳ Specify: \_\_\_\_\_

\* Required for registration

## Household

**3-digit zip prefix** \_\_\_\_\_  
 Refused

**Household size** \_\_\_\_\_  
 Refused  
*(# in household, including patient)*

**Household income (Check one)**  
 Less than \$10K  
 \$10K to \$19,999  
 \$20K to \$29,999  
 \$30K to \$39,999  
 \$40K to \$49,999  
 \$50K or more  
 Refused

## Utilization

**# Hospital stays, past year**  
 None  
 One stay  
 More than 1 stay  
 Not Available

**# ER visits, past year**  
 None  
 One ER visit  
 More than 1 visit  
 Not Available

## Coverage

**Pharmacy assistance**  
 No  
 Yes  
 Not Available

**Health care coverage**  
*(Check all that apply)*  
 No coverage  
 Medicare  
 Medicaid  
 IHS (Indian Health Service)  
 Private insurance  
 Other Government plan  
 Single service plan  
 Reduced-fee/sliding scale  
 Free care  
 Other  
 ↳ Specify: \_\_\_\_\_

## Navigated Condition(s)

Cancer, screening  
 Cancer, abnormal finding  
 Cancer, diagnosed

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Type of cancer:** \_\_\_\_\_

**Diagnosed cancer only**

**Stage:** 0 1 2 3 4 N/A

*Substage (optional):* A B C

*TNM Staging (optional):* \_\_\_\_\_

*Histology (optional):*

# Patient Navigator Outreach and Chronic Disease Prevention Program

## Navigation Target Form

*Local Identifiers (site use only)*

**Study Data**

Study ID: \_\_\_\_\_

Navigator ID: \_\_\_\_\_

Date Identified: \_\_\_\_\_

Date Scheduled: \_\_\_\_\_

Unscheduled Service

**Location** *Check one*

Internal

External

*Location Notes:*

**Status Options**

<b>Open target:</b>	<b>Closed target:</b>
Scheduled	Services received
Rescheduled	Ineligible
Canceled	Unable to access
No show	No longer relevant
Paperwork complete	Refused

**Type of Service** *Check one*

**Medical visit for cancer**

Screening

Diagnostic test

Cancer treatment

**Medical visit for other conditions**

Lab or diagnostic test

Primary care

Medical specialist (MD or DO)

*Optional:* \_\_\_\_\_

**Health education**

Certified diabetes educator

Nutritionist

Other health education/disease management

**Social services and assistance**

Health care coverage

Pharmacy assistance

Medical equipment

Other service (Government agency)

Other service (nonprofit/charitable org)

**Other services**

Behavioral/mental health services

Clinical trials

Other

↳ *Specify:* \_\_\_\_\_

**Notes**

*Use the table below to record scheduling changes and/or target resolution.*

Date	Status	Notes (optional)

