

Patient Navigator Outreach and Chronic Disease Prevention Program Navigator Encounter Form

Study Data

Study ID: _____

Navigator ID: _____

Encounter Date: _____

Method *Check one*

Telephone No contact

Home Visit

Other face-to-face (not home visit)

Setting, optional: _____

Written

Group session

Other

Specify, optional: _____

Person *Check all that apply*

Patient

Social network (family/friends)

Healthcare staff/provider

Social services/community org rep

Other

Specify: _____

Other (optional)

Topic addressed:

Reason for encounter:

Minutes:

Tasks *Check all that apply*

At least one must be checked

Identify or address barrier

Coordinate health care appt logistics (patient w/disease only)

Discuss diagnosed disease and its treatment

Coordinate education & services for preventive care/early detection

Coordinate health care coverage

Assist with filling Rx or medical equipment request

Coordinate social services

Link to community organization

Clinical trials notification

Confirm patient status/maintain relationship

Education re: life skills/self-management

Additional notes (optional)

Barriers *Check all that apply*

No barriers identified/addressed

System/Access

No established primary care

Transportation (local)

Location of health care (non-local)

Housing during treatment

System problems with scheduling care

System problems with coordinating care

Lack of access to a specialist

System culture and practices

Staff beliefs and attitudes

Difficult access to appropriate food

Personal

Disability/comorbidity

Unable to care for self at home

Costs: health care

Costs: medication/equipment

Employment issues

Internal psychological (anxiety)

Habitual unhealthy lifestyle

External psychosocial (isolated)

Health literacy/lack of information

Language

Cultural/personal beliefs and attitudes

Lack of reliable communication

Family

Childcare/family care issues

Housing

Other

Other 1

Specify: _____

Other 2

Specify: _____

Study ID

Notes (local use only)

Updates to Navigated Condition

Navigated Condition *Check one*

- Asthma, at risk/pre-asthma
- Asthma, diagnosed
- CHF, diagnosed
- CVD, at risk/family history
- CVD, diagnosed
- Depression, positive screen
- Depression, diagnosed
- Diabetes, at risk/family history
- Diabetes, pre-diabetes
- Diabetes, diagnosed
- Gestational diabetes
- Hyperlipidemia
- Hypertension, positive screen
- Hypertension, diagnosed
- Obesity (adult)
- Obesity (pediatric)
- Other: _____
- Cancer, screening
- Cancer, abnormal finding
- Cancer, diagnosis

Entered by: _____ Date: _____

Cancer-related conditions

Type of cancer: _____

Stage: 0 1 2 3 4 N/A

Optional Information:

Substage: A B C

TNM Staging: _____

Histology: _____

Date Associated with New Condition

___ / ___ / _____

Updates to Coverage (optional)

Pharmacy Assistance *Check one*

- No
- Yes
- Not Available

Entered by: _____ Date: _____

HC Coverage *Check all that apply*

- No coverage
 - Medicare
 - Medicaid
 - IHS
 - Private insurance
 - Other Government plan
 - Single service plan
 - Reduced-fee/sliding scale
 - Free care
 - Other
- Specify: _____

Patient Navigator Outreach and Chronic Disease Prevention Program

Navigator Characteristics

Local Identifiers (site use only)

Details

Gender: Male
 Female
 Transgender

Birth year: _____

Ethnicity: Hispanic or Latino
 Non-Hispanic

3-digit zip prefix: _____

Hired on: _____

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

Race *Check all that apply*

- White
 - Black/African American
 - Asian
 - Native Hawaiian/Pacific Islander
 - American Indian/Alaskan Native
- Optional race coding:*

Language

Primary Language: _____
(See list below for options)

Additional Languages (Check all that apply)

- None
 - English
 - Spanish
 - Chinese
 - Fijian
 - Filipino: Ilocano
 - Filipino: Tagalog
 - Filipino: Visayan
 - Filipino: Other
 - French
 - Haitian Creole
 - Hmong
 - Japanese
 - Korean
 - Micronesian: Chuukese
 - Micronesian: Kosraean
 - Micronesian: Marshalese
 - Micronesian: Pohnpeian
 - Micronesian: Yapese
 - Mixteco
 - Navajo
 - Samoan
 - Somali
 - Tongan
 - Vietnamese
 - Other
- Specify:* _____

Professional Training *Check all that apply*

- None
 - RN
 - LPN
 - Medical Assistant/ Nurses Aide
 - Social Worker
 - Phlebotomist
 - Radiology Technologist
 - Mammography Technologist
 - PN certification
 - Community Health Worker (CHW) certification
 - CHW training for specific condition
 - Workshops/trainings
 - Certified Medical Interpreter
 - Alternative Health Care Provider
 - Other
- Specify:* _____

Study Data

Navigator ID: _____

Patient Navigator Outreach and Chronic Disease Prevention Program Clinical Measures/Lab Form

Local Identifiers (site use only)

Study Data

Study ID: _____

No medical record

Test Type	NR*	Test/Rx/Visit Date	Result(s)	
<input type="checkbox"/> Fasting blood glucose	<input type="checkbox"/>			
<input type="checkbox"/> HbA1c	<input type="checkbox"/>			
<input type="checkbox"/> Dilated eye check	<input type="checkbox"/>			
<input type="checkbox"/> Diabetic foot check	<input type="checkbox"/>			
<input type="checkbox"/> Diabetes self-management plan	<input type="checkbox"/>			
<input type="checkbox"/> Blood pressure	<input type="checkbox"/>		Systolic:	Diastolic:
<input type="checkbox"/> Antihypertensive prescription date	<input type="checkbox"/>			
<input type="checkbox"/> Peak flow	<input type="checkbox"/>			
<input type="checkbox"/> ER/Hospitalization <i>(record all dates; use back if needed)</i>	<input type="checkbox"/>			
<input type="checkbox"/> Albuterol prescription date	<input type="checkbox"/>			
<input type="checkbox"/> Lipids	<input type="checkbox"/>		HDL:	LDL:
<input type="checkbox"/> Statin prescription date	<input type="checkbox"/>			
<input type="checkbox"/> BMI	<input type="checkbox"/>			
<input type="checkbox"/> Diuretic prescription date	<input type="checkbox"/>			
<input type="checkbox"/> Current Smoker	<input type="checkbox"/>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Other, <i>Specify:</i>	<input type="checkbox"/>			

Reporting Requirements by Navigated Condition

- Asthma, at risk/pre-asthma:**
Current smoker
- Asthma, diagnosed:**
Peak Flow, ER/Hospitalization, Albuterol Prescription Date, Current smoker
- CHF, diagnosed:**
ER/Hospitalization, Diuretic Prescription, Current smoker
- CVD, at risk/family history:**
Current smoker
- CVD, diagnosed:**
Blood Pressure, ER/Hospitalization, Lipids, Current smoker
- Depression, positive screen or diagnosed:**
Current smoker
- Diabetes, at risk/family history, pre-diabetes, or gestational diabetes:**
Current smoker; Fasting Blood Glucose or HbA1c
- Diabetes, diagnosed:**
HbA1c, Dilated Eye Check, Diabetic Foot Check, Diabetes Self-management Plan, Blood Pressure, ER/Hospitalization, Lipids, BMI, Current smoker
- Hyperlipidemia, diagnosed:**
ER/Hospitalization, Lipids, Statin prescription date, Current smoker
- Hypertension, positive screen:**
Blood Pressure, Current smoker
- Hypertension, diagnosed:**
Blood Pressure, Antihypertensive Prescription Date, ER/Hospitalization, Lipids, Current smoker
- Obesity, adult or pediatric:**
BMI, Current smoker
- Cancer, screening, abnormal finding, or diagnosed:**
Current smoker

* Not recorded in medical record

Patient Navigator Outreach and Chronic Disease Prevention Program

Co-Occurring Disorders

Local Identifiers (site use only)

Study Data

Study ID: _____

Abstraction Date: _____

List all chronic, co-occurring disorders present for patient at the time of chart review.
 Data must be from medical records, not self-reported.

- No Medical Record
- No Co-Occurring Disorders

Description	Notes (local use only)

Patient Navigator Outreach and Chronic Disease Prevention Program Update to Navigation Status

Local Identifiers (site use only)

Study Data

Study ID: _____

Navigator ID: _____

Status *Check one*

- In Progress*
- Inactive*
- Withdrew
- Lost
- Ineligible
- Died
- Complete
- End of grant (in progress)
- End of grant (stable, not complete)

Date *(date navigation status changed):*

___ / ___ / _____

Reason for change in navigation status (optional):

* Closeout data not required when moving a patient to a status of *In Progress*, or *Inactive*.

Closeout only:

Pharmacy Assistance *Check one*

- No
- Yes
- Not Available

HC Coverage *Check all that apply*

- No coverage
 - Medicare
 - Medicaid
 - IHS
 - Private insurance
 - Other Government plan
 - Single service plan
 - Reduced-fee/sliding scale
 - Free care
 - Other
- Specify:* _____

Other Data Due At Closeout

Check if complete

- VR-12
- Co-occurring disorders
- Lab