

# 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
- French
- Haitian Creole
- Hmong
- Japanese
- Korean
- Micronesian
- Mixteco
- Navajo
- Samoan
- Somali
- Tongan
- Vietnamese
- Other

↳ *Specify:* \_\_\_\_\_

- Tagalog
- Ilocano
- Visayan
- Other

- Chuukese
- Kosraean
- Marshalese
- Pohnpeian
- Yapese

*\* 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

#### Open target:

- Scheduled  
 Rescheduled  
 Canceled  
 No show  
 Paperwork complete

#### Closed target:

- Services received  
 Ineligible  
 Unable to access  
 No longer relevant  
 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)

**Navigation Target Form (page 2)**

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

Date	Status	Notes (optional)

*Notes:*