

Local Identifiers (site use only)

# 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:* \_\_\_\_\_

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

**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

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### 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

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**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