

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

Micronesia → 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

- Tagalog
- Ilocano
- Visayan
- Other

- Chuukese
- Kosraean
- Marshalese
- Pohnpeian
- Yapese

↳ 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

Open target:	Closed target:
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)

