⁷ Hep C Navigation Form - Peer Outreach

Organization:	Peer Navigator:	Supervisor:		
Clien	t Information	Self-Reported History	Hep C Tests	Hep C Medical Visit
Name:	Date of Birth:	Self-reported Hep C Status:	Antibody Test date:	Hep C medical care referral provided:
Tel:	Gender: □F □M □Trans M→F	+ - ?	☐ Declined☐ Not Needed	☐Yes ☐No ☐Already in Care
Email:	□Trans F→M □Other	Treated Hep C before?	Hep C Antibody Test	Referral Status: □ Accepted □ Declined
Name insurance plan:	Race: □White □Black or African American □Asian/PI □Native American /Alaskan Native	□Yes □No	Result: + -	Provider Name:
\square Medicaid \square Medicare \square Private \square None	□ Native Hawaiian □ Other race: □ Does not identify □ Decline to answer	If treated, outcome: □Cured	RNATest date:	Provider Clinic:
Participant ID#:	Unknown	□ Not cured	// Declined	Hep C medical visit attended date:
Date enrolled in Hep C Peer Nav:	Ethnicity: ☐ Hispanic/Latino: Specify ☐ Non-Hispanic/Non-Latino: Specify ☐ Decline to Answer ☐ Unknown	Re-infected? ☐ Yes ☐ No	☐ Not Needed	
	English: □Speak □Read □Write □None	□Unknown	Hep C RNA Test Result: + -	Hep C treatment: ☐ Started ☐ Completed
Required: ☐ Health coaching ☐ Harm Reduction Services	Primary language:			□ Discontinued
	Interpretation needed: □Yes □No			Hep C treatment outcome: □ Cured □ Not Cured
Name:	Date of Birth:	Self-reported Hep C Status:	Antibody Test date:	Hep C medical care referral provided:
Tel:	Gender: □F □M □Trans M→F	+ - ?	☐ Declined☐ Not Needed	☐Yes ☐No ☐Already in Care
Email:	□Trans F→M □Other	Treated Hep C before?	Hep C Antibody Test	Referral Status: □ Accepted □ Declined
Name insurance plan:	Race: □White □Black or African American □Asian/PI □Native American /Alaskan Native	□Yes □No	Result: + -	Provider Name:
☐ Medicaid ☐ Medicare ☐ Private ☐ None	□ Native Hawaiian □ Other race: □ Does not identify □ Decline to answer	If treated, outcome: □Cured	RNATest date:	Provider Clinic:
Participant ID#:	Unknown	□ Not cured	Declined	Hep C medical visit attended date:
Date enrolled in Hep C Peer Nav:	Ethnicity: ☐ Hispanic/Latino: Specify	Re-infected?	□ Not Needed	Hep C treatment:
Required: Health coaching	□ Decline to Answer □ Unknown English: □ Speak □ Read □ Write □ None	□Unknown	Hep C RNA Test Result: + -	☐ Started ☐ Completed ☐ Discontinued
☐ Harm Reduction Services	Primary language:			Hep C treatment outcome:
C	Interpretation needed: □Yes □No			□Cured □Not Cured
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