

Hep C Navigation Form - Healthcare

Patient Navigators use this tool to document their work assisting each patient through the continuum of care. Keep in patient chart and update after each patient encounter. This form is a paper version of the Check Hep C REDCap Cloud database.

Enrollment Information			
Check Hep C enrollment date: / /		*Check Hep C patient ID: Unique number provided for this program	Agency patient ID:
Patient last name:		Patient first name:	Date of Birth:
Address (# street, apt #, borough)	Zip code	Phone 1:	Phone 2:
			Permission to text: <input type="checkbox"/> Yes <input type="checkbox"/> No
Race: <input type="checkbox"/> White <input type="checkbox"/> Asian/PI <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Does not identify <input type="checkbox"/> Decline to answer <input type="checkbox"/> Unknown	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native American /Alaskan Native <input type="checkbox"/> Other race: _____	Ethnicity: <input type="checkbox"/> Hispanic/Latino Specify _____ <input type="checkbox"/> Non-Hispanic/Non-Latino Specify _____ <input type="checkbox"/> Decline to Answer <input type="checkbox"/> Unknown	Gender: <input type="checkbox"/> F <input type="checkbox"/> Trans M → F <input type="checkbox"/> M <input type="checkbox"/> Trans F → M <input type="checkbox"/> Other
Country of birth:	English: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> None	Preferred language:	Interpretation needed: <input type="checkbox"/> Yes <input type="checkbox"/> No

Assessment: Self-Reported Hep C History		Obtain the following information from the patient or patient chart.	
Year of HCV diagnosis:	Ever treated for HCV? <input type="checkbox"/> Yes, year treated: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown	If ever treated, was patient cured? <input type="checkbox"/> Cured <input type="checkbox"/> Not cured	
<input type="checkbox"/> Health Promotion "Hep C Basics" complete		<input type="checkbox"/> Health Promotion "Overdose prevention counseling" complete	

Patient Navigator Assessment Determine patient needs and develop a "Care Plan"	Referrals Made
Any mental health issues? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Mental health services <input type="checkbox"/> Yes <input type="checkbox"/> No/not needed
Any alcohol use in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer	Alcohol treatment <input type="checkbox"/> Yes <input type="checkbox"/> No/not needed
Injection drug use in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer	Naloxone provided date: _____
Intranasal drug use in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer	Substance use or harm reduction services
Injection drug use ever? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No/not needed
On methadone maintenance: <input type="checkbox"/> Yes <input type="checkbox"/> No On buprenorphine: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> NYS Essential Plan <input type="checkbox"/> Health Exchange Plan (Metal plans) <input type="checkbox"/> Private Insurance <input type="checkbox"/> None <input type="checkbox"/> Declined to answer	Name of insurance plan:
Insurance enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No/not needed <input type="checkbox"/> Free / Low cost care	
In the past year, have you had trouble paying for food, housing, medications, heating or other basic need? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social services (such as: housing, financial, food, legal, transportation)
Housing: <input type="checkbox"/> Stable housing <input type="checkbox"/> Unstable housing <input type="checkbox"/> Homeless	<input type="checkbox"/> Yes <input type="checkbox"/> No/not needed
Has consistent transportation for appointments: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Incarcerated in past year: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer	
Incarcerated ever: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to answer	
Social support? <input type="checkbox"/> None <input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> Support group <input type="checkbox"/> Program	Hep C support group <input type="checkbox"/> Yes <input type="checkbox"/> No/not needed
<input type="checkbox"/> Health Promotion "Getting Ready for Hep C Care" complete	<input type="checkbox"/> Care Plan developed and reviewed with patient

Hepatitis C Medical Care

Obtain the following information from the medical provider or patient chart.

Provider name:		Hospital/clinic:	
*First HCV medical visit date after enrollment: <i>[Use enrollment date, if patient had medical visit before enrollment]</i>		*Most recent HCV medical visit date: <i>[Enter in database before sending report]</i>	
*Medical evaluation complete date:	Co-morbid conditions: <input type="checkbox"/> None <input type="checkbox"/> HIV <input type="checkbox"/> Hep B <input type="checkbox"/> Psych <input type="checkbox"/> Other, specify:		
	Stage of liver disease: <input type="checkbox"/> No cirrhosis <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Not evaluated		
Most recent liver cancer screening date: <i>[Enter in database before sending report]</i>		Outcome: <input type="checkbox"/> Liver cancer <input type="checkbox"/> No liver cancer	

Hepatitis C Treatment

*Treatment candidate: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Information not available		Insurance covered medication on 1st request: <input type="checkbox"/> Yes <input type="checkbox"/> No	
*Treatment start date:	If patient hadn't started treatment yet, reason why		
	<input type="checkbox"/> Alcohol use	<input type="checkbox"/> Co-morbid condition	<input type="checkbox"/> Did not attend appointments
	<input type="checkbox"/> Drug use	<input type="checkbox"/> Insurance coverage/cost	<input type="checkbox"/> Patient declined treatment
Adherence Support: <input type="checkbox"/> 3 day after treatment start check-in completed		Adherence check-in frequency during treatment: <input type="checkbox"/> Weekly <input type="checkbox"/> Other:	
*Treatment complete date:		*Treatment outcome: <input type="checkbox"/> Cured (SVR) <input type="checkbox"/> Not cured <input type="checkbox"/> Information not available	
If treatment not completed, reason why: <input type="checkbox"/> Insurance coverage/cost <input type="checkbox"/> Patient stopped on own <input type="checkbox"/> Side effects/adverse event <input type="checkbox"/> Other, explain:			

Provide reinfection prevention counseling to all patients before discharge.

Reinfection Prevention	Support provided after treatment: <input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> Referred to group that covers Hep C reinfection prevention
	<input type="checkbox"/> Health Promotion "After Treatment" complete

Discharge if client completed the program or ended participation. This is used to determine if client is still active in program.

Discharge	*Discharge date:
	Reason: <input type="checkbox"/> Completed program <input type="checkbox"/> Deceased <input type="checkbox"/> Declined program <input type="checkbox"/> Incarcerated <input type="checkbox"/> Lost to follow up <input type="checkbox"/> Moved <input type="checkbox"/> Program ended <input type="checkbox"/> Referred to another program <input type="checkbox"/> Spontaneously cleared HCV <input type="checkbox"/> Other, explain:
Case Tracking	*Most Recent Encounter Date: <i>[Enter in database before sending report]</i>
	*Total # encounters with Patient Navigator:

Case Notes: