

Patient Navigation Assessment

Demographics

Date: _____
Client Name/ID#: _____
Age/DOB: _____
Race/Ethnicity: _____
Self-Identified Gender: _____
Self-Identified Sexuality: _____

Types of Navigation Requested (Please number if priorities were indicated)

- | | |
|--|---|
| <input type="checkbox"/> Medication for opioid use disorder (MOUD/MAT) | <input type="checkbox"/> Naloxone kits |
| <input type="checkbox"/> Housing (short- or long-term) | <input type="checkbox"/> General health education |
| <input type="checkbox"/> Recovery support (NA/AA, MARA) | <input type="checkbox"/> Safer injection/safer use guidance |
| <input type="checkbox"/> Behavioral healthcare (short- or long-term) | <input type="checkbox"/> Sexual health services, STI testing and counseling |
| <input type="checkbox"/> Medical healthcare (short- or long-term) | <input type="checkbox"/> Wound care education and triage |
| <input type="checkbox"/> PrEP (pre-exposure) or PEP (post-exposure) | <input type="checkbox"/> Health insurance/Medicaid enrollment |
| <input type="checkbox"/> Syringe access | <input type="checkbox"/> Assistance with personal identification |
| <input type="checkbox"/> HIV testing and/or counseling | <input type="checkbox"/> Food/nutrition assistance |
| <input type="checkbox"/> HCV testing and/or counseling | <input type="checkbox"/> Employment and/or unemployment benefits |
| <input type="checkbox"/> HIV treatment and care | <input type="checkbox"/> Legal assistance |
| <input type="checkbox"/> HCV treatment and care | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Overdose prevention and response training | |

Client Picture (note: information could be gathered from pre-existing intake forms or over a period of time)

How are you feeling about your health today?

How likely does it feel that you will be able to receive care for any outstanding health needs?

What is your top health priority today? (short-answer or discuss the above options)

Where do you typically access health services/behavioral health services?

In the past 30 days, where have you stayed a majority of the time? (e.g. shelter, transitional housing, inpatient/hospital, temporary with family/friends, long term/permanent residence that you rent/own/share, etc.)

Have you ever been arrested or incarcerated? Recently incarcerated? On parole or probation?

Have you ever served in any branch of the US military? If so, did you ever serve in a foreign conflict? (veteran status)

What is your preferred drug/drugs of choice? (list and explore if there is polysubstance use or patterns)

Can you tell me how you prefer to take your drugs? (Walk me through a recent experience using/dosing: what does that process look like for you? Route(s) of administration, differences per drug/time of day, situation, etc.)

What sort of supplies would you need to make your drug use safer? Are there immediate needs around this we can help address?

Patient Navigation Action Planning Tool

First Encounter/ Navigation Planning

(The purpose of this form/worksheet is to talk through and document PN priorities listed in the above intake. It should be noted that priorities are likely to change over time or from encounter to encounter so it is useful to reassess/check in as needed.)

Client Priorities

SHORT TERM	MEDIUM TERM	LONG TERM
Priority Goal 1: Steps (How do we get there, what needs to happen first): • • Resources Needed/Proposed Patient Navigator actions: • Proposed Timeline: •	Priority Goal 1: Steps (How do we get there, what needs to happen first): • • Resources Needed/Proposed Patient Navigator actions: • Proposed Timeline: •	Priority Goal 1: Steps (How do we get there, what needs to happen first): • • Resources Needed/Proposed Patient Navigator actions: • Proposed Timeline: •
Priority Goal 2: Steps (How do we get there, what needs to happen first): • • Resources Needed/Proposed Patient Navigator actions: • Proposed Timeline: •	Priority Goal 2: Steps (How do we get there, what needs to happen first): • • Resources Needed/Proposed Patient Navigator actions: • Proposed Timeline: •	Priority Goal 2: Steps (How do we get there, what needs to happen first): • • Resources Needed/Proposed Patient Navigator actions: • Proposed Timeline: •

Short Term Priorities

GOAL:				
Strategies (What I am going to do?)	Timeline (When?)	Resources Needed (What sort of help do I need?)	Patient Navigator Action:	Status/Progress Update:
•				
•				
•				
GOAL:				
•				
•				
•				
•				

Long Term Priorities

GOAL:			
Strategies (What I am going to do?)	Timeline (When?)	Resources Needed (What sort of help do I need?)	What Success Looks Like (How do I gauge that?)
•			
•			
•			
GOAL:			
•			
•			
•			
•			

Patient Navigation – Client Interaction Log

Ongoing/Interaction-Level Updates

(The purpose of this form is to log updates for each client at the interaction level. Patient Navigators should ensure they are logging each interaction with the client, any actions/referrals/navigation requested and received to track progress at the client level and help inform trajectory of patient navigation services.)

Client: _____

Date:	Type of Contact	Client Request/Goal	Description of Action Taken/Planned	Progress Update or Outcome	Challenges/Barriers to Navigation
(Add rows as needed)					

Notes on specific Challenges/Barriers and Actions taken to Address:

(e.g. Stigma (Drug user stigma, mental health stigma), treatment availability/access, lack of health insurance, transportation, inappropriate services to meet client need)

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Client Success Stories:

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Patient Navigator Process Reporting Form

The purpose of this form is to outline the process-based indicators that we expect Patient Navigation Programs and Providers to be able to provide about the experience of providing PN services. The intention is to receive feedback and reflections on different challenges, barriers, success, and strategies employed by both patient navigators and the project overall. These can be summary descriptions and do not need to contain anything that might identify/link experiences to specific clients. We hope to gain a more in depth picture of the process of creating a program and providing services and how your project has addressed/overcome potential barriers to providing those services.

General Challenges and/or Barriers (can be paragraph or bulleted):

Program Level

- Overview of challenges/barriers
- How you addressed/overcame

Client Level

- Overview of challenges/barriers
- How you addressed/overcame

Resource/Community Level

- Overview of challenges/barriers
- How you addressed/overcame

What's working, What's not??

Reflections on the Process of Patient Navigation Program Creation (How do you think getting this program off the ground is going? What has worked/hasn't worked/still TBD?)

Reflections on Providing Patient Navigation Services (How do you think providing more intensive patient navigation services is going? What has worked/hasn't worked/still TBD?)

Reflections on Qualities of a Successful Patient Navigator (What are skills needed to provide effective patient navigation? Thoughts on how to build those? Supports needed to maintain PN health and sustainability in role?)

Success Stories:

Program Level

-

Client Level

-

Resource/Community Level

-