FOX CHASE VIRTUA HEALTH
CANCER PROGRAM

PATIENT NAVIGATION INTAKE FORM

Complete this form with the patient at time of initial contact

Name: _____

Address: _____

Telephone number(s): _____

Can messages be left at this phone number? ☐ Yes ☐ No

Emergency contact person: _____

Emergency contact number: _____

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1. How was patient referred to the patient navigation program?

☐ Physician	Name: _____
☐ Hospital	Name: _____
☐ CEED	Name of center: _____
☐ Nurse	Name and department: _____
☐ Social worker	Name: _____
☐ Other	Please explain: _____

2. What has your doctor told you so far? Diagnosis:

Biopsy Date/Result:

Binder Reviewed (date):

3. Does patient have health insurance? ☐ Yes ☐ No

If yes, is it:

☐ Private/Commercial ☐ Medicare ☐ Medicaid

☐ Other: _____

POTENTIAL PROBLEMS/BARRIERS TO CARE

This list is to be used to help you to identify patient concerns at the initial visit and at each follow-up visit. It will help you develop a plan of action, including referrals to appropriate departments.

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PATIENT NAVIGATION INTAKE FORM (CONTINUED)

Health Insurance/Financial Concerns

- ❑ Inadequate or lack of insurance coverage
- ❑ Pre certification problems
- ❑ Difficulty paying bills
- ❑ Need for financial assistance from Medicaid/Medicare
- ❑ Confusing financial paperwork
- ❑ Need for prescription assistance
- ❑ Need for medical equipment or supplies (wheelchairs, dressings)
- ❑ Citizenship problems/undocumented status
- ❑ Other: _____

Transportation To and From Treatment

- ❑ Public transportation needed
- ❑ Private transportation needed
- ❑ Other: _____

Physical Needs

- ❑ Child/elder care
- ❑ Housing/housing problems
- ❑ Food, clothing, other physical needs
- ❑ Prostheses, wigs, etc.
- ❑ Vocational support (job skills, employment skills)
- ❑ Extended care needs: home care, hospice, long-term care
- ❑ Other: _____

Communication/Cultural Needs

- ❑ Primary language other than English
- ❑ Inability to read/write
- ❑ Poor health literacy
- ❑ Cultural barriers (i.e., effect on lifestyle choices)
- ❑ Other: _____

DISEASE MANAGEMENT

Treatment Compliance Issues (Missed appointments, etc.)

- ❑ Needs help with obtaining a second opinion (if desired by patient)
- ❑ Mental health services needed
- ❑ Does not understand treatment plan and/or procedures
- ❑ Needs to talk to provider (physician, nurse, therapist, etc.)
- ❑ Wants more information about: _____
- ❑ Other_____

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PATIENT NAVIGATION INTAKE FORM (CONTINUED)

Family History:

- ❑ 1st or 2nd degree relative with breast or ovarian cancer
- ❑ Personal history of early onset breast cancer
- ❑ Personal history of ovarian cancer
- ❑ Personal or family history of male breast cancer

Supportive Services for Referrals

- ❑ Social worker
- ❑ Clergy
- ❑ Look Good Feel Better
- ❑ Second Opinion Service
- ❑ Nutritionists
- ❑ Support Partner
- ❑ Support Group
- ❑ FRAP
- ❑ Reach to Recovery
- ❑ American Cancer Society
- ❑ Financial counselors
- ❑ Moving On Program
- ❑ Lymphedema
- ❑ Pre-op Classes

Appointments Scheduled and Dates:

Surgery:

_____Type_____

Pre Op testing:

_____

Sentinel Node Injection:

_____

MRI:

_____

MUGGA:

_____

CT Scan:

_____

Bone Scan:

_____

Surgeon:

_____

Plastic Surgeon:

_____

MED ONC Consult:

_____

RAD ONC Consult:

_____

Plan of Care and Follow Up:

1. _____
2. _____
3. _____
4. _____
5. _____

PATIENT NAVIGATION INTAKE FORM (CONTINUED)

Comments:

_____

_____

_____

_____

_____

_____

Tracking Tool

Refer to POTENTIAL PROBLEMS/BARRIERS TO CARE to explore patient concerns. Record the results of each intervention or visit with the patient.

Patient name and identification: _____

Date: _____

Reason for visit: _____

Barrier/concern identified: _____

Action to be taken: _____

Desired result: _____

Resolution and date: _____

Additional comments: _____