

# Patient Navigation Client Assessment

Name:

Gender:

DOB:

RWID:

Assessment Date

Challenges and Barriers (Select all that apply.)

- Afraid others will know HIV status
- Believe that HIV treatment will not work
- Feel depressed, anxious, or has other mental health concerns
- Feels healthy
- Confused about how to schedule appointments
- Child care is not available/affordable
- Forgot about HIV appointment
- Going to appointments is a reminder of having HIV
- Have to work during clinic hours
- Limited or no income
- Living situation is unstable
- Need more reliable form of transportation
- Too busy to go to appointments
- Using drugs/alcohol
- Want to see different medical provider
- Uninsured
- Other, please specify  
(Check all that apply.)

Other Client Challenges

Is this a client discharge/transition assessment?

- Yes
- No