

Patient Navigation Discharge

Name:

Gender:

DOB:

RWID:

Discharge Date

Housing Status at Discharge (Choose one.)

- Stable/Permanent
- Unstable
- Temporary
- Unknown

Discharge Reason (Select all that apply.)

- Services Completed
- Client Request
- Client deceased
- Unable to contact
- Transfer to another Patient Navigator or Agency
- Client Incarcerated
- PN requested
- Other, please specify.

Discharge Reason "Other"

Insurance Status at Discharge (Select all that apply.)

- Private or Marketplace
- Medicare
- Medicaid
- No insurance
- Unknown
- Other, please specify

Discharge Insurance "Other"

Discharge Service Level (Select all that apply.)

- Self Management
- Medical Case Management
- Non-Medical Case Management
- Other patient navigator (Transfer)
- Unknown/undetermined
- Other, please specify.

Discharge Service Level "Other"

PN Discharge Notes