

Patient Navigation Services

Name:

Gender:

DOB:

RWID:

Patient Navigation Service Date

Patient Navigation Funding Source (Choose one.)

- Part A
- Part B Direct
- MAI Part B
- Part C
- Part D
- CHARLI
- Prevention for Positives
- Other: Please Specify.

Patient Navigation Funding Source Other

Service Duration in Minutes

Contact Method (Choose one.)

- In Person
- By Phone
- Text
- Email
- Social Media
- In a group
- Postal Mail
- Administrative paperwork, research, etc.
- Other, please specify

Contact Method "Other"

Services Provided (Select all that apply.)

- Assisted with financial, insurance or other benefits
- Confirmed or attended HIV medical appointments
- Provided assistance with HIV medication
- Provided at-home HIV test kit
- Provided education/risk reduction counseling
- Provided housing assistance
- Provided transportation assistance
- Provided referral for health care/supportive services
- Other, please specify

Other Service Provided, specify

PN Comments

07/18/2019 1:47pm

projectredcap.org
EDCap