

Volunteer Navigation Patient Encounter Sheet

**HEELS of
HOPE** 



Partnering with Patients and Families.

PATIENT NAVIGATION ENCOUNTER SHEET

Patient Navigator: _____ Date: _____

UNC Breast Clinic UNC Mammography Clinic UNC Thoracic Clinic UNC GI Clinic
 UNC in-pt BMT UNC ENT clinic UNC Geriatrics UNC PFRC UNC Health Registry
 UNC Rad/Onc UNC Gyn/Onc UNC GU

Patient: AGE: _____ GENDER: _____ RACE: _____ ZIPCODE: _____

New Patient: _____ Repeat Patient _____

Biopsy Cancer

Barriers to Care:

None Transportation Coordination of Care (accommodations, directions, parking, health system barriers)
 Financial Communication (literacy, language) Education lack of social support (lives alone, caregiver needs)
 Emotional Support lack of computer

Other: _____

Referrals:

Patient & Family Resource Center community resource CCSP Social Worker
 Nurse Navigator Chaplain Financial Counselor Interpreter local library

Other: _____

How confident were you in addressing this patient's needs? 1 2 3 4 5
(1 meaning not at all and 5 meaning very confident)

Were there any questions you couldn't answer?

Is there additional information that we may provide to help you be more effective in your role?

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Source: UNC Health Care, Chapel Hill, NC;
Oncology Roundtable interviews and analysis.