

Navigation Interaction

Primary Navigator Name: _____

Navigation Interaction Date: _____

Navigation Interaction Type:

<input type="checkbox"/> Email	<input type="checkbox"/> Through a Family Member
<input type="checkbox"/> In Person (face-to-face)	<input type="checkbox"/> Through a Friend
<input type="checkbox"/> On the phone	<input type="checkbox"/> Through a Provider
<input type="checkbox"/> Regular Mail	

How long did this interaction take (in min)?

Navigation Activities for this Interaction

PREVENTION

- _____ Help with improving diet
- _____ Help with weight control
- _____ Help with physical activity
- _____ Help clean up the environment
- _____ Help with tobacco prevention
- _____ Help with tobacco cessation

SCREENING

- _____ Help finding a healthcare provider/ clinic for screening
- _____ Help setting up medical screening appointment
- _____ Made a reminder call (or visit) for health screening appointment
- _____ Accompany patient to screening appointment
- _____ Help with paperwork for IHS
- _____ Help with paperwork for Medicaid
- _____ Help with paperwork for Medicare
- _____ Help with paperwork for State / Foundation screening program
- _____ Help with paperwork for Private Insurance
- _____ Help with paperwork for Veterans Administration
- _____ Help with transportation to screening
- _____ Help with lodging for screening
- _____ Help with child / elder supervision during screening appointment

DIAGNOSIS

- _____ Help following up the positive screening results to make an appointment for diagnostic test
- _____ Help getting a second opinion
- _____ Help patient and family to better understand prognosis and treatment options
- _____ Help with transportation for diagnostic appointment
- _____ Help with lodging for diagnostic appointment

How long did this
interaction take
(in min)?

Navigation Activities for this Interaction

TREATMENT

- _____ Help finding a healthcare provider/ clinic for treatment
- _____ Help setting up medical treatment appointment
- _____ Made a reminder call (or visit) for health treatment appointment
- _____ Accompany patient to treatment appointment
- _____ Help patient and family ask questions about diagnosis and treatment
- _____ Help patient communicate with provider about co-morbidity
(e.g., diabetes, heart disease)
- _____ Help with paperwork for IHS
- _____ Help with paperwork for Medicaid
- _____ Help with paperwork for Medicare
- _____ Help with paperwork for State / Foundation treatment program
- _____ Help with paperwork for Private Insurance
- _____ Help with paperwork for Veterans Administration
- _____ Help with transportation to treatment
- _____ Help with lodging for treatment
- _____ Help with lodging and transportation for family during patient's treatment
(away from home for days, weeks, months)
- _____ Help with child / elder supervision during treatment appointment
- _____ Help with family education about the patient's cancer
- _____ Help with employment / career counseling for patient
- _____ Help with obtaining a Treatment Plan from healthcare provider / clinic
- _____ Help with support for children / elders during cancer treatment
- _____ Help with addressing patient's side effects from cancer or treatments
(fatigue, skin reactions, amputations)
- _____ Help with Traditional Indian Medicine healers / Medicine Man/Woman
- _____ Help with information about clinical trials opportunities

END-OF-LIFE

- _____ Help with Advanced Directives resources
- _____ Help with end-of Life / Hospice services (Visiting Nurses Association)
- _____ Help with final will
- _____ Help with traditional Indian ceremonies
- _____ Help with transportation to and from Hospice setting
- _____ Help with nutrition supplements for end-of Life / Hospice
- _____ Help with daily living (hygiene, home cleaning, cooking [for other family members, or animals])
- _____ Help with family caregivers' needs

How long did this interaction take (in min)?

Navigation Activities for this Interaction

QUALITY OF LIFE / RECOVERY

- _____ Help with cancer rehabilitation
(exercise, ways to adapt to physical changes brought on by cancer)
- _____ Help finding cancer support programs
- _____ Help with Complementary and Alternative Treatment (includes herbs, teas, acupuncture)
- _____ Help with Traditional Indian Medicine healers / Medicine Man/Woman
- _____ Help with Employment issues
- _____ Help with Fertility issues
- _____ Help with NACR's Memorial Fund Applications
- _____ Help with Financial Assistance resources
- _____ Help finding a healthcare provider
- _____ Help with legal assistance and information
- _____ Help with nutrition resources
- _____ Help with professional counseling support services
- _____ Help with transportation for follow-up services (screenings for other diseases, other cancers)
- _____ Help with addressing patient's side effects from cancer or treatments
(fatigue, skin reactions, amputations)
- _____ Help with Traditional Indian Medicine healers / Medicine Man/Woman
- _____ Help with cultural issues related to recovering from cancer experiences
(temporary surrender of sacred pipe during hair loss side effect from treatments)
- _____ Help with information about clinical trials QOL / supportive care opportunities
- _____ Help with daily living issues (house cleaning, personal hygiene)
- _____ Help obtaining recommended cancer medications

PALLIATION

- _____ Help with cancer pain resources
- _____ Help with nutrition resources
- _____ Help with professional counseling support services
- _____ Help with information about clinical trials opportunities
- _____ Help obtaining recommended cancer medications
- _____ Help with cancer rehabilitation
- _____ Other: Please list in a box below

Enter Navigation activities for this interaction not listed above:
