

NC BCCCP/WISEWOMAN Patient Navigation Client Needs Assessment & Care Plan

Patient's Name:

Patient's Date of Birth:

Patient's ID Number:

Patient's Enrollment/Visit Date:

Needs Assessment	
Does patient need additional social support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient lack access to services needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does patient need help understanding the services / follow-up needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there other barriers to this patient obtaining the services / follow-up needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," explain:

Positive needs assessment findings require a plan to assist the patient to overcome barriers to care.

Complete Care Plan below:

Care Plan				
Problem		Plan	Expectation	Outcome
<input type="checkbox"/>	Needs additional social support			
<input type="checkbox"/>	Lacks access to services			
<input type="checkbox"/>	Needs help understanding services / follow-up needed			
<input type="checkbox"/>	Other barriers identified			

Person Completing PN Needs Assessment/Care

Date: