



Care Plan

Navigator instructions: Discuss care plan with patient. Complete the form based on agreed plan, sign and give a copy to patient.

Patient Name: _____ Date: _____

Care Team

Name	Address	Phone Number	E-mail Address
Doctor			
Navigator			

Accompaniment to medical visits Reminders for visits by: Call Text Email

Check Hep C Program Goals

Goal	Date Completed
<input type="checkbox"/> Complete patient navigation assessment	
<input type="checkbox"/> Receive "Hep C basics" health promotion	
<input type="checkbox"/> Receive "Getting ready for Hep C care" health promotion	
<input type="checkbox"/> Attend 1st Hep C medical visit	
<input type="checkbox"/> Complete Hep C medical evaluation	
<input type="checkbox"/> Receive "Getting ready for treatment" health promotion	
<input type="checkbox"/> Start Hep C treatment	
<input type="checkbox"/> Complete Hep C treatment	
<input type="checkbox"/> Receive "After treatment" health promotion	

Referrals

Type of Service	Site Name and Address	Phone Number/ E-mail Address	Appointment Date/Time
<input type="checkbox"/> Mental health			
<input type="checkbox"/> Alcohol counseling			
<input type="checkbox"/> Substance use/harm reduction			
<input type="checkbox"/> Insurance enrollment			
<input type="checkbox"/> Benefits (Food/financial)			
<input type="checkbox"/> Housing services			
<input type="checkbox"/> Legal services			
<input type="checkbox"/> Specialist: _____			
<input type="checkbox"/> Other: _____			



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Health Goals

Action	How	By when
<input type="checkbox"/> Reduce or stop drinking alcohol		
<input type="checkbox"/> Reduce or stop using drugs		
<input type="checkbox"/> Reduce or stop smoking		
<input type="checkbox"/> Work towards a healthy body weight		
<input type="checkbox"/> Review all meds and supplements with doctor		
<input type="checkbox"/> Manage other illnesses		
<input type="checkbox"/> Other: _____ _____		

Notes

Navigator Signature	Date
Patient Signature	Date