

Appendix Navigator Feedback Form



This is an example from ARC program. Please adapt it for your setting



NAVIGATOR FEEDBACK FORM		
Patient Name:		
Main Responsible Provider Name:		
Referring Provider Name:		
REFERRAL FORM INFORMATION		
Date of referral:		
Community Resource/Program:		
REPORT TIME		
<input type="checkbox"/> Initial contact	<input type="checkbox"/> Interim	<input type="checkbox"/> Final
Date:		
DETAILS:		
Provider response to the Navigation team (OPTIONAL)		

Navigator to provide the following details to the provider:

Initial Contact: Date of first contact with patient, brief summary of discussion, plan for next contact.

Interim Report: Progress (presumably this is completed only when there is a question/concern)

Final Report: Date of discharge, summary of work done on behalf of the patient, final status (in capital, e.g. PATIENT ENROLLED IN (name of program), PATIENT DECLINED FURTHER SUPPORT, PATIENT ON WAIT LIST AT (name of program), ...)