NC Department of Health and Human Services
Division of Public Health – Chronic Disease and Injury Section

NC BCCCP & WISEWOMAN PATIENT NAVIGATION CLIENT NEEDS ASSESSMENT AND CARE PLAN

1. Last Name First Name MI

2. Patient Number - H

3. Date of Birth
Month Day Year

4. Race ☐ 1. White ☐ 2. Black/African American
☐ 3. American Indian/Native Alaskan ☐ 4. Asian
☐ 5. Native Hawaiian/Other Pacific Islander ☐ 6. Other
Ethnicity: Hispanic/Latino Origin? ☐ 1. Yes ☐ 2. No

5. Sex ☐ 1. Male ☐ 2. Female

6. County of Residence

Reason for Patient Navigation:

- ❒ **Abnormal CBE**
- ❒ **Abnormal mammogram**
- ❒ **Abnormal cervical cytology result**
  (ASC-US, LSIL, ASC-H, HSIL, SCC, or AGC)
- ❒ **Patient Navigation Only (BCCM)**
- ❒ **WISEWOMAN alert value**

Date of abnormal test_____

Needs Assessment	
Does patient need additional social support?	❒ Yes ❒ No
Does patient lack access to services needed?	❒ Yes ❒ No
Does patient need help understanding the follow up needed?	❒ Yes ❒ No
Are there other barriers to this patient obtaining the follow up required?	❒ Yes ❒ No If Yes, explain _____

A YES answer in any category requires a plan to assist the patient to overcome barriers to follow-up care. Please list your plan below.

CARE PLAN

	Problem	Plan	Expectation	Outcome
❒	Needs additional social support			
❒	Lacks access to services			
❒	Needs help understanding of services needed			
❒	Other barriers			

_____ _____
Name Date

DHHS 4091 (03/26/15)
BCCCP Revised 9/2020