

Clipboard: Cut, Copy, Paste, Format Painter

Sort & Filter: Filter, Ascending, Descending, Remove Sort, Selection, Advanced, Toggle Filter

Records: Refresh All, New, Save, Delete, Totals, Spelling, More

Find: Find, Replace, Go To, Select

Text Formatting: Bold, Italic, Underline, Text Color, Background Color, Bullets, Numbering, Indentation, Paragraph Spacing, Styles

READ-ONLY This database has been opened read-only. You can only change data in linked tables. To make design changes, save a copy of the database. Save As ...

- Tables
- Search...
- dbo_Define_JCCancerStage
 - dbo_Define_JCCancerStatus
 - dbo_Define_JCTypeInitialTreatment
 - dbo_Define_NIModeofComm
 - dbo_Define_NIPatientTimeCat
 - dbo_Define_PTINSCompany
 - dbo_Facility
 - dbo_Navigator
 - dbo_Sub_Tbl_ProgressRpt
 - dbo_SubTbl_JCAbnormalScreen
 - dbo_SubTbl_JCCancerHistory
 - dbo_SubTbl_JCCancerSite
 - dbo_SubTbl_JCHistology
 - dbo_SubTbl_JCMissedAppointments
 - dbo_SubTbl_JCScreenTest
 - dbo_SubTbl_NINavActions
 - dbo_SubTbl_NINavBarriers
 - dbo_SubTbl_PTAddress
 - dbo_SubTbl_PTContact
 - dbo_SubTbl_PTInsurance
 - dbo_SubTbl_PTMDTeam
 - dbo_SubTbl_PTMorbidities
 - dbo_SubTbl_PTRace
 - dbo_SubTbl_PTRelations
 - dbo_SubTbl_PTSupporters
 - dbo_SubTbl_PTtask
 - dbo_Tbl_JourneyofCare
 - dbo_Tbl_NavigatorInteractions
 - dbo_Tbl_Patient
 - dbo_Tbl_TaskCal
 - List_AbnormalScreen
 - List_Actions

Switchboard

Navigator

Facility Code: 200

Add Patients

List Patients

SAMPLE

PATIENT INFORMATION

Facility 200 **PatientID** 3 **Navigator Name** **Navigator ID** **Start Date** **Referred by** **Refer Date**

Nav Type **Client ID** **First Name** **MI** **Last Name**

Gender Male Female Transgender **Birth Date:** **Age:** **Marital Status:**

Patient Address / Contact

Pe	Ma	Tei	Address Line 1	Address Line 2	Zip	Neighb	St	Messa	Iden	Prim	Phone	Info (Phone 2,em	Notes
*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	808- -		

Supporters

Support	Name	Relationship	Messa	Ident	Prim	Phone	Instruction
*			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	808- -	

Medical Professionals / Team

Type	Name of Professional	Contact Person	Phone	Fax #	Facility	Notes
*			808- -			

Medical Insurance Status:

Insurance

Save

Progress Notes

Navigator Interactions

Interaction	Date	Start Time	Navigator Name

Add New Interaction

Attachments
(Double click to open)

0(0)

Screening Journey

Screening Test				
Type	Screening Status	Date of Screening	Outcome	Date of next Screening
<input type="text"/>	<input type="radio"/> Need <input type="radio"/> Up to date	<input type="text"/>	<input type="radio"/> Negative <input type="radio"/> Didn't get screened <input type="radio"/> Suspicious finding Date: <input type="text"/>	<input type="text"/>

SAMPLE