

JFS Patient Navigator Program
Pre-Appointment Form

******To fill out the top of this form, refer to your driver confirmation or print the email and attach it.**

Call client 3 days prior to the appointment using *67 when calling.

Client Name: _____ Your Name: _____

Phone Number: _____ Address: _____

Pick Up Time & Location _____

Does the client have a handicap parking tag? No Yes (If yes, remind client to bring the placard)

Medical Appointment

Date of visit: _____ Time of visit: _____

Provider's name: _____ Office phone #: _____

Office address: _____

How long does client anticipate this visit lasting? _____

1. Type of visit: Routine check-up New problem Follow-up
 Procedure New office visit Other: _____

**If the client has a new office visit, please allow at least an extra 15 minutes for completion of paperwork from the doctor's office.*

2. Have you been instructed to bring any particular equipment or records with you (e.g., glucometer, home blood pressure readings, etc.)?
 No Yes If yes, what? _____

3. What are the reasons for this appointment?

4. What symptoms, (if any), are you having that you want your doctor/nurse to know about? How are these symptoms keeping you from doing things you enjoy?

5. What questions do you have for the doctor/nurse about your health conditions, symptoms, or treatment?

a) _____

b) _____

c) _____

6. Any changes in your life you want the doctor/nurse to be aware of?

7. Is there any specific help that you would like from me, your Patient Navigator, during this visit?

Notes: _____

Call again one day prior to the appointment. Remind client to bring:

- Handicapped parking placard
- Insurance card
- List of medications & providers (Refer to JFS client packet)
- Glasses and/or hearing aids, if necessary
- Calendar to schedule follow-up appointments
- Bottle of water and snack
- Money for co-pay and parking

Length of Phone Call _____ Date: _____