



## Client Health Navigation

ASK Wellness Health Navigators assist individuals who are up against multiple barriers which prevent them from accessing equity of care and quality of life. Barriers such as poverty, mental health issues, addiction issues, isolation and learning disabilities are a few examples. Health Navigators advocate, educate and guide clients with HIV/AIDS, Hepatitis and other chronic health care issues through their journey of what they need to do now that they have their diagnosis, what resources exist and what treatments are available. This is achieved by working collaboratively with patients, families and other members of the health care team to provide individualized informational, emotional, and practical support. There is an expectation that the client will work with the Navigator to achieve an eventual goal of greater independence and confidence. At this time the Health Navigation Program does not have a life skills worker so Navigators can only assist with medical transports to clinics, doctor's offices and medical procedures and therapies. Clients must be on Income Assistance or PWD supports and have housing to be eligible for Navigation. Please fill out the following application and send to [kira@askwellness.ca](mailto:kira@askwellness.ca) or [larry@askwellness.ca](mailto:larry@askwellness.ca) or call 250-376-7558 for more information. [www.askwellness.ca](http://www.askwellness.ca)

The purpose of the Client Navigator is to provide information to help people become empowered to be the best advocate for their own health care. We also help people navigate the wide variety of approaches to treatment and management chronic illness and assist people to work with health care providers to choose treatment approaches that meet their individual needs and goals. We want to help you make informed decisions about what options are best suited to your treatment goals and personality.

Sustainability, improved quality of life and client independence are the desired outcomes of our Health Navigation Support Program.

This program provides:

- Assessment of risk factors for blood borne infection testing
- Referrals to health care providers
- Health education
- Counseling for loss of health and crisis management
- A strong health advocacy role on behalf of the client
- Treatment and medication information, support plan for adherence
- Pre/post test support for blood borne infections
- Support to physicians / specialists in helping patients develop and follow their prescribed health issues
- Transportation to eligible clients to Infectious Disease Clinics / Liver Clinics in Kamloops, Kelowna and Vancouver
- Harm Reduction Supplies

Services are provided to the communities of Kamloops, Chase, Barriere, Merritt, Logan Lake, Spences Bridge, Ashcroft, Cache Creek, Clinton, Lytton and Lillooet. If you would like more information about our counseling services feel free to contact us at 250.376.7558 x 224 or 1.800.



## Wellness Centre

### Client Health Navigation Intake Form

**Personal Information**

**Date:** \_\_\_\_\_

<b>Name</b>		<b>PHN/MSP</b>	
<b>Address</b>		<b>SIN</b>	
		<b>Phone</b>	
<b>Source of Income</b>	<b>Aboriginal Status</b> <b>Y / N</b>	<b>D.O.B.</b>	<b>Gender</b>
<b>Partner's name</b>	<b>Contact</b> <b>Y / N</b>	<b>Phone</b>	
<b>Contact in Emergency</b>	<b>Phone</b>	<b>Alternative Contact</b>	
<b>Children Names &amp; Ages</b>			
<b>Mother</b>		<b>Father</b>	
<b>Participant in ASK Programs</b>			
<input type="checkbox"/> Housing <input type="checkbox"/> SHOP <input type="checkbox"/> AASH <input type="checkbox"/> Employment <input type="checkbox"/> Outreach <input type="checkbox"/> MASH <input type="checkbox"/> CLBC			

**Medical Information**

<b>Doctor</b>		<b>Phone</b>																																									
<b>Specialist</b>		<b>Phone</b>																																									
<b>MH Counsellor/Therapist/Psychiatrist</b>		<b>Phone</b>																																									
<b>Substance Use</b> <input type="checkbox"/> In Recovery            Sober time: _____		<b>Type of Substance</b>																																									
<input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Frequent																																											
<b>Medical History</b>																																											
<input type="checkbox"/> HIV <input type="checkbox"/> STD's <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Neuropathy <input type="checkbox"/> Gastrointestinal																																											
<input type="checkbox"/> Mental Health <input type="checkbox"/> Cognitive difficulty with Pharmacological Protocol (compliance)																																											
<input type="checkbox"/> Other _____																																											
<b>Medical Information</b>		<b>PH Tests/Shots</b>																																									
<input type="checkbox"/> HCV+ Medication <input type="checkbox"/> HIV Medication		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="text-align: center;"><b>Current</b></td> <td style="text-align: center;"><b>Requested</b></td> </tr> <tr> <td>Hepatitis A</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Boosters <input type="checkbox"/> <input type="checkbox"/> 1mth</td> <td></td> <td></td> </tr> <tr> <td>Hepatitis B</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Boosters <input type="checkbox"/> <input type="checkbox"/> 1mth <input type="checkbox"/> 6mth</td> <td></td> <td></td> </tr> <tr> <td>Immuno Comp System – Yearly Test <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>TB</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			<b>Current</b>	<b>Requested</b>	Hepatitis A	<input type="checkbox"/>	<input type="checkbox"/>	Boosters <input type="checkbox"/> <input type="checkbox"/> 1mth			Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	Boosters <input type="checkbox"/> <input type="checkbox"/> 1mth <input type="checkbox"/> 6mth			Immuno Comp System – Yearly Test <input type="checkbox"/>			TB	<input type="checkbox"/>	<input type="checkbox"/>																			
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<input type="checkbox"/> Chronic Illness(es) Medication																																											
<b>Current Physical Condition</b>																																											
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### Health Client Navigator Information

<b>Referred by</b>	<b>Date</b>	<b>Phone</b>
<b>Referred to</b>	<b>Date</b>	<b>Phone</b>
<b>Transportation To and From Treatment</b> <input type="checkbox"/> Public transportation needed <input type="checkbox"/> Private transportation needed		
<b>Other professionals or agencies involved</b>  <input type="checkbox"/> Probation <input type="checkbox"/> Parole	<b>Contact</b>	<b>Phone</b>

<b>Physical Needs</b> <input type="checkbox"/> Child/elder care <input type="checkbox"/> Housing/housing problems <input type="checkbox"/> Food, clothing, other physical needs <input type="checkbox"/> Vocational support (job/employment skills) <input type="checkbox"/> Extended care needs: home care, hospice, LT care <input type="checkbox"/> Other: _____	<b>Communication/Cultural Needs</b> <input type="checkbox"/> Primary language other than English <input type="checkbox"/> Inability to read or write <input type="checkbox"/> Poor health literacy <input type="checkbox"/> Cultural barriers (i.e. effect on lifestyle choices) <input type="checkbox"/> Needs to talk to provider (physician, etc) <input type="checkbox"/> Wants more information about: _____
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### Medication Protocols

HIV <hr/> <hr/> <hr/>
HCV <hr/> <hr/> <hr/>
Chronic Illness(es) <hr/> <hr/> <hr/>

Health Navigation Intake Form (Continued)

Plan of Care/ Follow Up/ Upcoming Appointments

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_
5. \_\_\_\_\_  
\_\_\_\_\_

Comments:

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Client name: _____
Date: _____
Reason for visit: _____
Barrier/concern identified: _____
Action to be taken: _____
Desired result: _____
Resolution and date: _____
Additional comments: _____

Health Client /Navigator:

Signature:

**ASK Wellness Centre**  
433 Tranquille Road, Kamloops, B.C., V2B 3G9  
Phone: (250) 376-7558 or 1-800-661-7541  
Fax: (250) 376-7530  
www.askwellness.ca  
*Member Agency of the United Way*