![American Indian Cancer Foundation's Screen Our Circle]

☐ Enrolled #: _____ ☐ Not Enrolled

Client Navigation: Barrier Assessment

Last Name:		First Name:		Navigator Name:		
Services needed	**Provider to deliver service(s)**	**Appointment date**	**Appointment completed?**	**Barrier(s) to receiving care**	**Activities resolving barriers**	**Notes**
		/ /	☐Yes☐No			
		/ /	☐Yes☐No			
		/ /	☐Yes☐No			
		/ /	☐Yes☐No			
		/ /	☐Yes☐No			
		/ /	☐Yes☐No			
		/ /	☐Yes☐No			
		/ /	☐Yes☐No			
		/ /	☐Yes☐No			

American Indian Cancer Foundation's
Screen Our Circle

☐ Enrolled #: _____ ☐ Not Enrolled

Client Navigation: Contact Log

Last Name:	First Name:	Navigator Name:

Contact Date	Contact Type		Notes	Follow-Up?
	☐ Phone ☐ Voicemail ☐ Text	☐ Face-to-Face ☐ Mail ☐ Email		
	☐ Phone ☐ Voicemail ☐ Text	☐ Face-to-Face ☐ Mail ☐ Email		
	☐ Phone ☐ Voicemail ☐ Text	☐ Face-to-Face ☐ Mail ☐ Email		
	☐ Phone ☐ Voicemail ☐ Text	☐ Face-to-Face ☐ Mail ☐ Email		
	☐ Phone ☐ Voicemail ☐ Text	☐ Face-to-Face ☐ Mail ☐ Email		
	☐ Phone ☐ Voicemail ☐ Text	☐ Face-to-Face ☐ Mail ☐ Email		
	☐ Phone ☐ Voicemail ☐ Text	☐ Face-to-Face ☐ Mail ☐ Email		
	☐ Phone ☐ Voicemail ☐ Text	☐ Face-to-Face ☐ Mail ☐ Email		