



<b>Client Name:</b>	<b>Date of Birth:</b>
<b>Patient Navigator:</b>	<b>Agency:</b>

### Transportation Pathway

**Initiation**  
Any patient in need of reliable transportation to and from medical appointments.

\_\_\_\_\_ Start date

**Determine primary barrier**, e.g. limited public transportation, no money for fuel, shared car, etc.

\_\_\_\_\_ Date information provided

Determine appropriate transportation/payment source.

- Payment source:
- Medicaid managed care plan
  - Insurance plan
  - Dept. of Social Services
  - Gas card
  - Taxi voucher
  - Bus pass
  - Family member/friend/neighbor
  - Community-based organization
  - Faith-based organization
  - Other:

Assist with scheduling/planning trips to and from appointments.

\_\_\_\_\_ Date assistance provided

**Completion**  
Confirm appointment(s) was kept and results communicated with patient.

\_\_\_\_\_ Date appointment kept

\_\_\_\_\_ Date results communicated to patient

Record reason if Finished Incomplete (reason denied and referral made):