



**WWWP CASE MANAGEMENT CLIENT ASSESSMENT & PLAN**

(This is a **sample** form only; local coordinating agencies may use other means to document case management).

This form may be completed at the time of enrollment, at the time of notification of abnormal screening, at the time of diagnosis, or as the client reports a change.

**Client's name** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of the person entering this information:** \_\_\_\_\_

**Check how information was gathered:**

- Face-to-face
- Telephone
- other, describe \_\_\_\_\_

**Please**  **barriers** in each column that may prevent the client from receiving screening, diagnosis, and treatment:

	Transportation to appointment		Disabilities
	Child or family care		Reaction of family or significant other
	Leaving work or work schedule		Concerns about how to obtain information on results
	Loss of employment		Concerns about confidentiality
	Lack of money		Discomfort or pain related to procedure
	Lack of insurance		Fear of cancer, change in body, loss of intimacy
	Communication barrier/language translation		Need more information on covered services
	Cultural concerns		Need more information on services provided
	Sexual concerns		Overwhelmed by information
	Lack of energy, profound feelings of anger, sadness		Other (describe):

\_\_\_  **if client does not want to give barrier information**

Ask the client to notify the local WWWP coordinator if she has a change in the above identified barriers.

**WWWP Local Coordinator Notes**

Continue documentation on back of this form. Include the date of each encounter or action related to case management and essential support services; describe barriers, use of the essential treatment plan, client specific plan and actions in relation to overcoming barriers, and add a signature for each note.

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