

Care Team List

Every doctor, clinic, pharmacy, and helper in one place. Keep a copy at the front of your binder.

NAME / PERSON THIS SHEET IS FOR	DATE OF BIRTH	LAST UPDATED

1 Primary care

PRIMARY CARE PROVIDER	CLINIC / PRACTICE
PHONE / AFTER-HOURS LINE	PATIENT PORTAL (WEBSITE OR APP NAME)

2 Specialists

[illegible]

TRU-TIP • Ask every specialist the same question

“Who is in charge of my overall plan?” When several doctors each manage one piece, medicines and tests can overlap or get missed. Name one quarterback, usually your primary care provider, and make sure every visit summary gets sent there.²

3 Hospitals and urgent care

Type	Name	Phone	In my plan's network?
Hospital I prefer			
Second-choice hospital			
Urgent care			
Cancer, infusion, or dialysis center			

Pharmacy	Phone	What I fill there

Service	Company or person	Phone	Notes (days, account #, contact)
Home health or nursing			
Medical equipment / oxygen			
Therapy (PT, OT, speech)			
Mental health / counseling			
Hospice or palliative care			
Transportation / rides			
Meals or food help			

INSURANCE PLAN / MEMBER SERVICES PHONE	NURSE ADVICE LINE
CARE MANAGER OR CASE MANAGER	SOCIAL WORKER OR PATIENT NAVIGATOR

[illegible]