

Healthcare Team Contact List

Your healthcare team includes anyone who provides a component of your medical care. Keeping all providers' contact information in one location provides easy access when needed. Collect business cards from all new members of your team.

Primary Care Physician (PCP) or Internal Medicine Physician

Name: _____
Phone Number: _____
Fax Number: _____
Email: _____
Address: _____
Hospital Affiliation: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Name: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Phone Number: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Email: _____
After Hours/Emergency Contact: _____

General Cardiologist

Name: _____
Phone Number: _____
Fax Number: _____
Email: _____
Address: _____
Hospital Affiliation: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Name: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Phone Number: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Email: _____
After Hours/Emergency Contact: _____

Electrophysiologist

Specialty: _____
Name: _____
Phone Number: _____
Fax Number: _____
Email: _____
Address: _____
Hospital Affiliation: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Name: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Phone Number: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Email: _____
After Hours/Emergency Contact: _____

Hospital/Preferred Emergency Room

Name: _____
Address: _____

Pharmacy

Name: _____
Phone Number: _____
Address: _____

Other Physician/Therapist

Specialty: _____
Name: _____
Phone Number: _____
Fax Number: _____
Email: _____
Address: _____
Hospital Affiliation: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Name: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Phone Number: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Email: _____
After Hours/Emergency Contact: _____

Other Physician/Therapist

Specialty: _____
Name: _____
Phone Number: _____
Fax Number: _____
Email: _____
Address: _____
Hospital Affiliation: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Name: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Phone Number: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Email: _____
After Hours/Emergency Contact: _____

Other Physician/Therapist

Specialty: _____
Name: _____
Phone Number: _____
Fax Number: _____
Email: _____
Address: _____
Hospital Affiliation: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Name: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Phone Number: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Email: _____
After Hours/Emergency Contact: _____

Other Physician/Therapist

Specialty: _____
Name: _____
Phone Number: _____
Fax Number: _____
Email: _____
Address: _____
Hospital Affiliation: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Name: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Phone Number: _____
Physician Assistant (PA)/Nurse Practitioner (NP) Email: _____
After Hours/Emergency Contact: _____