

## Your Hospital Location

Unit: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone #: \_\_\_\_\_

## Your Health Care Team

<b>Health Care Team Member</b>	<b>Name and Contact #</b>
<b>Patient Services Manger (PSM)</b>	
<b>Patient Care Coordinator (PCC)</b>	
<b>Care Management Leader (CML)</b>	
<b>Doctor(s)</b>	
<b>Nurse(s)</b>	
<b>Occupational Therapist (OT)</b>	
<b>Physiotherapist (PT)</b>	
<b>Social Worker (SW)</b>	
<b>Others (list)</b>	
<b>Specialist(s)</b>	