

## 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>                  |                           |