

Resource

For Patients &
Caregivers



Personal Care Team Pocket Card

----- Fold Here if Desired -----

Physician

Name

Telephone Number(s)

Email

Pain
Physician

Name

Telephone Number(s)

Email

Pharmacy

Name

Telephone Number(s)

Email

----- Fold Here if Desired -----

Pharmacist

Name

Telephone Number(s)

Email

Nurse

Name

Telephone Number(s)

Email

Social
Worker

Name

Telephone Number(s)

Email

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Massage
Therapist

Name

Telephone Number(s)

Email

Acupuncturist

Name

Telephone Number(s)

Email

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Chiropractor

Name

Telephone Number(s)

Email

Fitness
Center

Name

Telephone Number(s)

Email

Psychologist

Name

Telephone Number(s)

Email

Fold Here if Desired

Clergy

Name

Telephone Number(s)

Email

Other

Name

Telephone Number(s)

Email

Fold Here if Desired

Patient Information

Name

Telephone Number(s)

Date of Birth

Allergies

Fold Here if Desired

Insurance Information

Name

Telephone Number(s)

Policy Number

Emergency Contact Information