



Tracking My Support Network

To help you track your support network, we have created a simple contact list that you can complete. It can also be shared with your pharmacist. This information can be added to a pharmacy record in the event that the pharmacist needs to communicate with other members of your healthcare network. Keep this list up to date for yourself and for your pharmacist, your family doctor and other key members of your support network.

The caregiving team

Information about the person in my care:

NAME	PHONE	CELL PHONE
EMAIL		

You (first contact):

NAME	RELATION TO THE CARE RECIPIENT	PHONE
CELL PHONE	EMAIL	

Other members of the team (family, friends, neighbours, etc.):

NAME	RELATION TO THE CARE RECIPIENT	PHONE
CELL PHONE	EMAIL	

NAME	RELATION TO THE CARE RECIPIENT	PHONE
CELL PHONE	EMAIL	

The healthcare team

Pharmacist:

PHARMACY

PHARMACIST

PHONE

FAX

EMAIL

OTHER CONTACT

Family doctor:

NAME

CLINIC OR HOSPITAL

PHONE

FAX

EMAIL

Specialists (cardiologist, surgeon, geriatrician, oncologist, etc.):

SPECIALTY

NAME

CLINIC OR HOSPITAL

PHONE

FAX

EMAIL

SPECIALTY

NAME

CLINIC OR HOSPITAL

PHONE

FAX

EMAIL

Other health specialists (dietitian, physiotherapist, optometrist, etc.):

SPECIALTY

NAME

CLINIC OR HOSPITAL

PHONE

FAX

EMAIL

SPECIALTY

NAME

CLINIC OR HOSPITAL

PHONE

FAX

EMAIL

Nurse service:

NAME COMPANY, CLINIC OR HOSPITAL PHONE

FAX EMAIL

Lab:

PRIVATE OR HOSPITAL PHONE FAX

EMAIL CONTACT

Public health service provider (if available):

NAME PHONE FAX

Primary contacts:

ROLE NAME PHONE

FAX EMAIL

ROLE NAME PHONE

FAX EMAIL

ROLE NAME PHONE

FAX EMAIL

Other relevant contacts:

SPECIALTY

NAME

CLINIC OR HOSPITAL

PHONE

FAX

EMAIL

SPECIALTY

NAME

CLINIC OR HOSPITAL

PHONE

FAX

EMAIL

The community team

Social worker:

SERVICE

NAME

PHONE

EMAIL

Community and local non-profit organizations:

SERVICE

NAME

PHONE

EMAIL

SERVICE

NAME

PHONE

EMAIL

SERVICE

NAME

PHONE

EMAIL

Support groups (specialized support groups, national or local associations, etc.):

SERVICE _____ NAME _____ PHONE _____

EMAIL _____

SERVICE _____ NAME _____ PHONE _____

EMAIL _____

SERVICE _____ NAME _____ PHONE _____

EMAIL _____

The professional team

Notary or legal advisor:

SERVICE _____ NAME _____ PHONE _____

EMAIL _____

Insurance provider:

SERVICE _____ NAME _____ PHONE _____

EMAIL _____

Financial advisor:

SERVICE _____ NAME _____ PHONE _____

EMAIL _____



Other contacts

NAME

RELATIONSHIP TO PERSON IN MY CARE

PHONE

EMAIL

NAME

RELATIONSHIP TO PERSON IN MY CARE

PHONE

EMAIL

NAME

RELATIONSHIP TO PERSON IN MY CARE

PHONE

EMAIL

Get more information and resources for caregivers at [TevaCaregivers.com](https://www.TevaCaregivers.com)