

## Members of my health care team



This worksheet is intended to help you keep track of **all** of your health care providers. Examples of conventional therapy providers include your primary care physician, medical oncologist, nurse practitioner, and pharmacist. Examples of complementary or integrative medicine providers include your massage therapist, nutritionist, acupuncturist, or chiropractor. Sharing the contact information among all of your health care team members may help establish coordinated care.

### Conventional Therapy Health Care Providers:

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|--|--|
| Provider Name:   | Provider Name:   |
| Specialty:   | Specialty:   |
| Phone Number:  | Phone Number:  |
| Location:  | Location:  |
| Referred by:<br>(health care provider, friend, family, etc.) | Referred by:<br>(health care provider, friend, family, etc.) |
| Provider Name:   | Provider Name:   |
| Specialty:   | Specialty:   |
| Phone Number:  | Phone Number:  |
| Location:  | Location:  |
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| Specialty:   | Specialty:   |
| Phone Number:  | Phone Number:  |
| Location:  | Location:  |
| Referred by:<br>(health care provider, friend, family, etc.) | Referred by:<br>(health care provider, friend, family, etc.) |

### Complementary/Integrative Therapy Health Care Providers:

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|--|--|
| Provider Name:   | Provider Name:   |
| Specialty:   | Specialty:   |
| Phone Number:  | Phone Number:  |
| Location:  | Location:  |
| Referred by:<br>(health care provider, friend, family, etc.) | Referred by:<br>(health care provider, friend, family, etc.) |
| Provider Name:   | Provider Name:   |
| Specialty:   | Specialty:   |
| Phone Number:  | Phone Number:  |
| Location:  | Location:  |
| Referred by:<br>(health care provider, friend, family, etc.) | Referred by:<br>(health care provider, friend, family, etc.) |

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| Specialty:   | Specialty:   |
| Phone Number:  | Phone Number:  |
| Location:  | Location:  |
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| Specialty:   | Specialty:   |
| Phone Number:  | Phone Number:  |
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## Complementary/Integrative Therapy Health Care Providers:

|  |  |
|--|--|
| Provider Name:   | Provider Name:   |
| Specialty:   | Specialty:   |
| Phone Number:  | Phone Number:  |
| Location:  | Location:  |
|  |  |
| Referred by:<br>(health care provider, friend, family, etc.) | Referred by:<br>(health care provider, friend, family, etc.) |
| Provider Name:   | Provider Name:   |
| Specialty:   | Specialty:   |
| Phone Number:  | Phone Number:  |
| Location:  | Location:  |
|  |  |
| Referred by:<br>(health care provider, friend, family, etc.) | Referred by:<br>(health care provider, friend, family, etc.) |