

## **My Health Care Team**

MY PRIMAR CARE DOCTOR, Dr	
Address:	
Telephone:	
Fax:	
E-mail:	
Date Last Seen:	
NOTES:	

MY OTHER DOCTORS THAT I SEE  (Allergist, cardiologist, gastroenterologist, rheumatologist, etc.)		

MY ONCOLOGIST, Dr	
Address:	
Telephone:	
Fax:	
E-mail:	
Date Last Seen:	
Plan of Care:	
NOTES:	

MY SURGEON, Dr	<u> </u>	
Address:		
Telephone:		
Fax:		
E-mail:		
Date Last Seen:		
Plan of Care		
NOTES:		

OTHER MEMBERS OF MY HEALTH CARE TEAM	
Name:	
Address:	
Telephone:	
Fax:	
E-mail:	
Date Last Seen:	
Name:	
Address:	
Telephone:	
Fax:	
E-mail:	
Date Last Seen:	
Name:	
Address:	
Telephone:	
Fax:	
E-mail:	
Date Last Seen:	

<b>MY FUTURI</b>	E APPOINTMENTS:
Date:	
Time:	
Place:	
Doctor:	
Notes:	
Date:	
Time:	
Place:	
Doctor:	
Notes:	
Date:	
Time:	
Place:	
Doctor:	
Notes:	
Date:	
Time:	
Place:	
Doctor:	
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Date:	
Time:	
Place:	
Doctor:	
Notes:	