









Healthcare Provider Tool (Example)

Name: Antonio Lopez

DOCTOR'S NAME: Dr. Paul Montgomery	TYPE OF DOCTOR: Oncologist
NURSE'S NAME: Sue Guerrero	
 ADDRESS: 120 Broad Street Houston, Texas 12345	
 PHONE NUMBER: (123) 456-7890	 FAX NUMBER: (123) 564-9856
 REASON FOR SEEING DOCTOR: For cancer treatment and follow-up visits	

DOCTOR'S NAME: Dr. Beverly Brown	TYPE OF DOCTOR: General Practice
Nurse's Name: Helen Jones	
 ADDRESS: 582 Main Street Houston, Texas 12345	
 PHONE NUMBER: (123) 456-7890	 FAX NUMBER: (123) 564-9856
 REASON FOR SEEING DOCTOR: For yearly check-ups	

SOCIAL WORKER/THERAPIST'S NAME:

Linda Miller



ADDRESS: Houston Medical Center
1345 Hospital Blvd. Ste. 101
Houston, Texas 12365



PHONE NUMBER:
(123) 456-7890



FAX NUMBER:
(123) 564-9856



REASON FOR SEEING SOCIAL WORKER/THERAPIST:

For cancer treatment and follow-up visits

PHYSICAL THERAPIST'S NAME:

Julia Dixon



ADDRESS: 8765 Water Avenue
Houston, Texas 12345



PHONE NUMBER:
(123) 456-7890



FAX NUMBER:
(123) 564-9856



REASON FOR SEEING PHYSICAL THERAPIST:

For help in moving my arm after treatment

OCCUPATIONAL THERAPIST'S NAME:

Gail Strong



ADDRESS: 589 Broad Street
Houston, Texas 12345



PHONE NUMBER:
(123) 456-7890









FAX NUMBER:
(123) 564-9856







REASON FOR SEEING OCCUPATIONAL THERAPIST:

To learn how to do daily tasks without injuring my bad arm.

PHARMACY NAME: Brown Drug Store	
PHARMACIST'S NAME: Suzanne Peel	
	ADDRESS: 8765 Water Avenue Houston, Texas 12345
	PHONE NUMBER: (123) 456-7890
	FAX NUMBER: (123) 564-9856





PHARMACY NAME:	
PHARMACIST'S NAME:	
	ADDRESS:
	PHONE NUMBER:
	FAX NUMBER:





Other:

NAME:	
	ADDRESS:
	PHONE NUMBER:
	FAX NUMBER:
	REASON FOR SEEING THIS PROVIDER:

Healthcare Provider Tool

Name: _____

DOCTOR'S NAME:		TYPE OF DOCTOR:	
NURSE'S NAME:			
 ADDRESS:			
 PHONE NUMBER:		 FAX NUMBER:	
 REASON FOR SEEING DOCTOR:			

DOCTOR'S NAME:		TYPE OF DOCTOR:	
NURSE'S NAME:			
 ADDRESS:			
 PHONE NUMBER:		 FAX NUMBER:	
 REASON FOR SEEING DOCTOR:			

SOCIAL WORKER/THERAPIST'S NAME:



ADDRESS:



PHONE NUMBER:



FAX NUMBER:



REASON FOR SEEING SOCIAL WORKER/THERAPIST:

PHYSICAL THERAPIST'S NAME:



ADDRESS:



PHONE NUMBER:



FAX NUMBER:



REASON FOR SEEING PHYSICAL THERAPIST:

OCCUPATIONAL THERAPIST'S NAME:



ADDRESS:






PHONE NUMBER:






FAX NUMBER:







REASON FOR SEEING OCCUPATIONAL THERAPIST:

PHARMACY NAME:	
PHARMACIST'S NAME:	
	ADDRESS:
	PHONE NUMBER:
	FAX NUMBER:

PHARMACY NAME:	
PHARMACIST'S NAME:	
	ADDRESS:
	PHONE NUMBER:
	FAX NUMBER:

Other:

NAME:	
	ADDRESS:
	PHONE NUMBER:
	FAX NUMBER:
	REASON FOR SEEING THIS PROVIDER: