Health Care Providers and Support

WYOMING family TO family HEALTH INFORMATION CENTER

Child

Name: _____ **Date of Birth:** _____

Primary Care Provider

Name: _____ **Specialty:** _____
Clinic Name: _____
Address: _____
Telephone: _____ **Fax:** _____
E-mail: _____

Medical Specialists, Health Care Providers, and Other Contacts

Use this section to track your child's specialty care providers and other important contacts such as:

- **Specialists**
- **Therapists**
- **Case manager**
- **Social worker**
- **Public health nurse**
- **Home health nurse**
- **Respite**
- **Dentist**
- **Nutritionist**
- **Pharmacist**
- **Waiver Specialist**
- **Support Groups**

Name: _____ **Specialty:** _____
Clinic/Organization Name: _____
Address: _____
Telephone: _____ **Fax:** _____
E-mail: _____
Frequency of Visits/Meetings: _____
Other notes (nurse's name, parking, things to remember):

Contact Information
Wyoming Family to Family Health Information Center
Wyoming Institute for Disabilities/UPLIFT | www.uwyo.edu/wind/f2f

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