

MEDICAL CARE CONTACT INFORMATION

This sheet gives you the contact information of the doctors, therapists, and other professionals who care for your child.

Primary Care Doctor: _____
name telephone number

_____ address

Specialty Care Doctor: _____
name telephone number

_____ specialty address

Specialty Care Doctor: _____
name telephone number

_____ specialty address

Specialty Care Doctor: _____
name telephone number

_____ specialty address

Eye Doctor: _____
name telephone number

_____ address

Ear Doctor: _____
name telephone number

_____ address

Dentist: _____
name telephone number

_____ address

Occupational Therapist: _____
name telephone number

_____ address

Physical Therapist: _____
name telephone number

_____ address

Speech Therapist: _____
name telephone number

_____ address

Psychologist: _____
name telephone number

_____ address

Social Worker: _____
name telephone number

_____ address

Other: _____
name telephone number

_____ address