Healthy Living | Medical Provider List

This Belongs To: _____ **Date:** _____

Type of Medical Provider:	Name of Provider/Practice	Phone Number	Email	Why Do I See Them?
Ex: Specialist - Cardiologist	Ex: Dr. Smith	Ex: 555 - 555 - 5555	Ex: mydoctor@doctor.com	Ex: Takes care of my heart
Primary Doctor				
Primary Doctor				
Specialist Type:				
Specialist Type:				
Specialist Type:				
Specialist Type:				
Hospital				
Urgent Care				
Pharmacy				

Charting the LifeCourse Framework and Tools

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Psychologist or Psychiatrist				
Dentist				
Physical Therapist				
Occupational Therapist				
Speech/Language Pathologist				
Other Therapist Type:				
Other:				
Other:				
Other:				

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