Appendix 5: Healthcare Contacts

Patient name (last, first, mid.)

_____
Address
_____
Phone
_____

Health Insurance Information **Location of card**_____

Social Security Number _____
Health Care Provider _____
Patient ID # _____
Group # _____

Primary Care Physician	**Drug Store**
_____	_____
Address	Address
_____	_____
Phone	Phone
_____	_____

Eye Doctor	**Eyewear Dispenser**
_____	_____
Address	Address
_____	_____
Phone	Phone
_____	_____

Hearing Aid Dispenser	**Dentist**
_____	_____
Address	Address
_____	_____
Phone	Phone
_____	_____