

**Your hospital location**

**Unit** \_\_\_\_\_

**Location** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Your health care team**

Health care team member	Name & telephone number
Patient Services Manager (PSM)	
Patient Care Coordinator (PCC)	
Care Management Leader (CML)	
Social Worker (SW)	
Physiotherapist (PT)	
Occupational Therapist (OT)	
Doctor(s)	
Nurses(s)	
Specialist(s)	
Other(s)	