Contact Sheet

If possible, pull information from patient's medical record. Confirm correct information with patient. Identify the best time of day or days to reach the patient and other contacts.

Patient Name: _____

OK to send letter (Y / N)

Address
Street _____ Apt # _____

City, State _____ ZIP Code _____

Email address _____

Preferred spoken language: _____

Interpreter needed? (Y/N) _____

Preferred phone number: __ **home** __ **cell phone** __ **work**

Home Phone: ( )_____ OK to leave message? (Y/N) ___

Best time to call: _____

Cell Phone: ( ) _____ OK to leave message? (Y/N) ___

Best time to call: _____

Work Phone: ( ) _____ OK to leave message? (Y/N) ___

Best time to call: _____

Contacts

Name of Contact 1: _____

Relationship: _____
Caregiver? (Y/N) __
Proxy? (Y/N) __
Designated to receive followup phone call? (Y/N) __
Notes: _____

_____

Preferred spoken language: _____

Interpreter needed? (Y/N) _____

Preferred phone number: __ **home** __ **cell phone** __ **work**

Home Phone: ( )_____ OK to leave message? (Y/N) ___

Best time to call: _____

Cell Phone: ( ) _____ OK to leave message? (Y/N) ___

Best time to call: _____

Work Phone: ( ) _____ OK to leave message? (Y/N) ___

Best time to call: _____

Contacts

Name of Contact 2: _____

Relationship: _____
Caregiver? (Y/N) __
Proxy? (Y/N) __
Designated to receive followup phone call? (Y/N) __
Notes: _____

_____

Preferred spoken language: _____

Interpreter needed? (Y/N) _____

Preferred phone number: __ **home** __ **cell phone** __ **work**

Home Phone: ( )_____ OK to leave message? (Y/N) ___

Best time to call: _____

Cell Phone: ( ) _____ OK to leave message? (Y/N) ___

Best time to call: _____

Work Phone: ( ) _____ OK to leave message? (Y/N) ___

Best time to call: _____