

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: _____