

*“Your Medical Home on Orcas Island”*

## Healthcare Provider List

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient’s Date of Birth: \_\_\_\_\_

**Below is a list of medical and complementary healthcare specialties. Using the list as a guide, please fill in the names and contact information of specialists currently participating in your care. Having this information in the patient’s health record helps us provide good coordination of care.**

| Medicine Specialties                  |                            | Complementary Medicine: |
|---------------------------------------|----------------------------|-------------------------|
| Cardiology                            | Oncology                   | Acupuncture             |
| Dentist                               | Ophthalmology (eyes)       | Chiropractic            |
| Dermatology                           | Orthopedics                | Homeopathic Medicine    |
| Ear/Nose/Throat                       | Psychiatry                 | Naturopathic Medicine   |
| Endocrinology (ie: thyroid, diabetes) | Pulmonary Medicine (lungs) | Nutritional Medicine    |
| Gastroenterology                      | Rheumatology               | Other?                  |
| Obstetrics/Gynecology                 | Surgery                    |                         |
| Internal Medicine                     | Urology                    |                         |
| Nephrology (kidney)                   | Other?                     |                         |
| Neurology                             |                            |                         |

**The following specialists are currently participating in my care:**

| Name | Specialty | Address | Office Phone # |
|------|-----------|---------|----------------|
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**PLEASE GIVE THIS LIST TO THE RECEPTIONIST AT YOUR NEXT APPT.**