



## MY HEALTHCARE TEAM

Use this form to record all members of your youth's health care team, including all providers (primary care, specialty care, oral health) as well as case managers and care coordinators (insurance, community agencies)

***Name of youth/young adult:*** \_\_\_\_\_

***Last Updated:*** \_\_\_\_\_

<b><i>Name of Provider (Ex: MD, PT, ARNP, Specialist, Case Manager)</i></b>	<b><i>Name of Practice/Agency &amp; Location</i></b>	<b><i>Contact #</i></b>	<b><i>Why I see them?</i></b>	<b><i>Will I need to Transition</i></b>	<b><i>Age Transition is Required?</i></b>
<b><i>Example: Dr. Copeland</i></b>	<b><i>Family Practice -Dover</i></b>	<b><i>603-555-1212</i></b>	<b><i>My primary care</i></b>		<b><i>18</i></b>

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