



Office of Developmental Primary Care

Improving health outcomes for people with developmental disabilities

NAME:
DATE OF BIRTH:
MEDICAL RECORD #:
DATE:

INTERDISCIPLINARY HEALTH CARE TEAM CHART

OVERSIGHT AGENCIES	POWER OF ATTORNEY OR CONSERVATOR	PRIMARY CARE SITE
NAME:	NAME:	NAME:
NAME:	TELEPHONE:	PRIMARY CARE PHYSICIAN/NURSE PRACTITIONER
↓	↓	NAME:
REGIONAL CENTER CASE COORDINATOR	PATIENT	<i>PRIMARY CONTACT:</i>
NAME:	NAME:	TELEPHONE:
TELEPHONE:	TELEPHONE:	NURSE
VOCATIONAL REHAB/EDUCATION COUNSELOR	↓	NAME:
NAME:	HEALTH ADVOCATE/SUPPORTER	<i>PRIMARY CONTACT:</i>
TELEPHONE:	NAME:	TELEPHONE:
AGENCY:	TELEPHONE:	MENTAL HEALTH CLINICIAN
DAY PROGRAM COORDINATOR	ALTERNATE ADVOCATE	NAME:
NAME:	NAME:	TELEPHONE:
TELEPHONE:	TELEPHONE:	PHARMACIST
AGENCY:	↑	NAME:
OTHER CASE COORDINATORS	PRIMARY GROUP HOME, RESIDENTIAL OR FAMILY CAREGIVER	TELEPHONE:
NAME:	NAME:	DENTIST
TELEPHONE:	TELEPHONE:	NAME:
AGENCY:	↑	<i>PRIMARY CONTACT:</i>
NAME:	DIRECT CAREGIVERS	TELEPHONE:
TELEPHONE:	NAME:	DURABLE MEDICAL EQUIPMENT PROVIDERS
AGENCY:	TELEPHONE:	NAME:
NAME:	NAME:	TELEPHONE:
TELEPHONE:	TELEPHONE:	NAME:
AGENCY:		TELEPHONE: