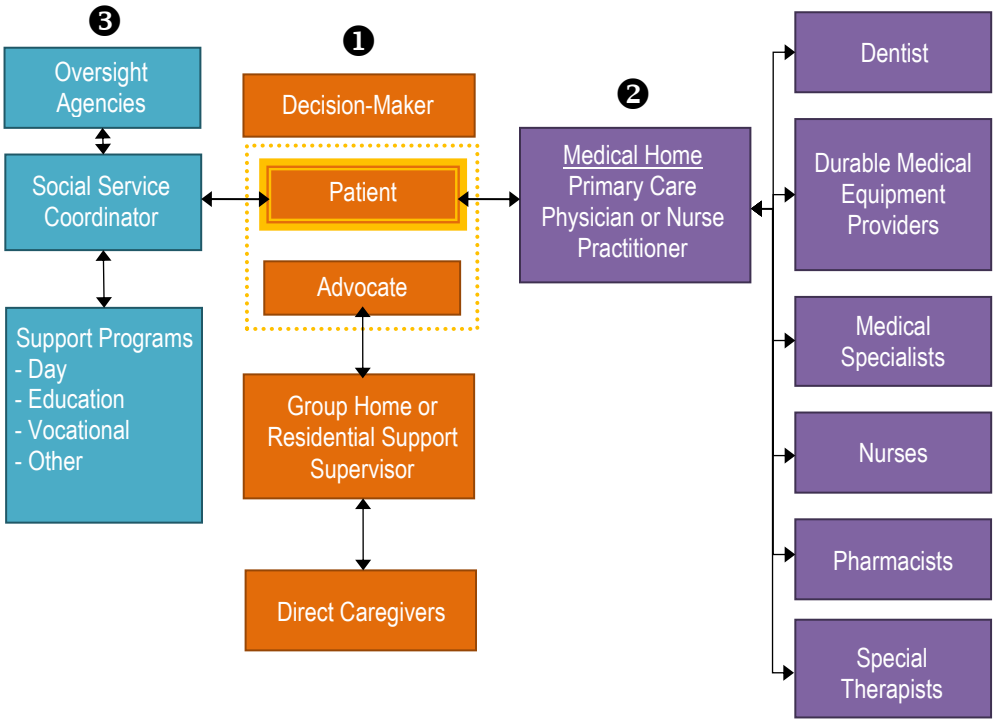
Office of Developmental Primary Care
Improving health outcomes for people with developmental disabilities

Interdisciplinary Health Care Team Form



❶ PATIENT INFORMATION

Name	Needs?	Telephone	Fax	Email	HIPAA Release?
Patient:					☐
Legal Decision-Maker:	☐				☐
Advocate:	☐				☐
Alternate Advocate:	☐				☐
Group Home Supervisor:					☐
Direct Caregiver:					☐
Direct Caregiver:					☐
Primary Family Caregiver:					☐
Direct Caregiver:					☐
Direct Caregiver:					☐
Residential Support Supervisor:					☐
Direct Caregiver:					☐
Direct Caregiver:					☐

UCSF University of California San Francisco

Office of Developmental Primary Care · UCSF Department of Family and Community Medicine
500 Parnassus Avenue, MU-3E, Box 0900 · San Francisco, CA 94143
tel: (415) 476-4641 · email: odpc@fcm.ucsf.edu · http://odpc.ucsf.edu

❷ MEDICAL HOME

Name	Telephone	Fax	Email	HIPAA Release?
Site Name:				☐
Primary Physician/Nurse Practitioner:				☐
Primary Contact:				☐

MEDICAL SPECIALISTS

Name		Telephone	Fax	Email	HIPAA Release?
Doctor:	Specialty:				☐
Doctor:	Specialty:				☐
Doctor:	Specialty:				☐
Doctor:	Specialty:				☐
Doctor:	Specialty:				☐

PHARMACIST

Name		Telephone	Fax	Email	HIPAA Release?
Pharmacy:	Agency:				☐

DENTIST

Name		Telephone	Fax	Email	HIPAA Release?
Provider:	Agency:				☐
Primary Contact:					☐

SPECIAL THERAPISTS AND OTHER HEALTH CARE PROVIDERS

Name		Telephone	Fax	Email	HIPAA Release?
Provider:	Agency:				☐
Provider:	Agency:				☐
Provider:	Agency:				☐
Provider:	Agency:				☐

DURABLE MEDICAL EQUIPMENT PROVIDERS

Name		Telephone	Fax	Email	HIPAA Release?
Provider:	Agency:				☐
Provider:	Agency:				☐

❸ SOCIAL SERVICES

Name	Telephone	Fax	Email	HIPAA Release?
Social Service Agency:				☐
Case Coordinator:				☐
Oversight Agency:				☐

DAY PROGRAM

Name	Telephone	Fax	Email	HIPAA Release?
Day Program:				☐
Day Program Contact:				☐
Oversight Agency:				☐

EDUCATION

Name	Telephone	Fax	Email	HIPAA Release?
Education Program/School:				☐
Education Program/School Contact:				☐
Oversight Agency:				☐

VOCATIONAL PROGRAM

Name	Telephone	Fax	Email	HIPAA Release?
Vocational Program:				☐
Vocational Program Contact:				☐
Oversight Agency:				☐

OTHER SUPPORT TEAM MEMBER

Name	Telephone	Fax	Email	HIPAA Release?
Program:				☐
Program Contact:				☐
Oversight Agency:				☐