



Tracking My Caregiver Support Network

The Medicine Shoppe[®]
PHARMACY

Caregiver Support

To help you track your support network, we have created a simple contact list that you can complete. It can also be shared with your pharmacist. This information can be added to a pharmacy record in the event that the pharmacist needs to communicate with other members of your healthcare network. Keep this list up to date for yourself and for your pharmacist, your family doctor and other key members of your support network.

My caregiving team

Information about the person in my care:

NAME	PHONE	CELL PHONE
EMAIL		

You (first contact):

NAME	RELATION TO THE CARE RECIPIENT	PHONE
CELL PHONE	EMAIL	

Family and friends support contacts:

NAME	RELATION TO THE CARE RECIPIENT	PHONE
CELL PHONE	EMAIL	

NAME	RELATION TO THE CARE RECIPIENT	PHONE
CELL PHONE	EMAIL	

in partnership with



My healthcare team

My Medicine Shoppe personal pharmacist:

NAME PHONE FAX

EMAIL ADDRESS

Family doctor:

NAME CLINIC OR HOSPITAL PHONE

FAX EMAIL

Specialists (cardiologist, surgeon, geriatrician, oncologist, etc.):

SPECIALTY NAME CLINIC OR HOSPITAL

PHONE FAX EMAIL

SPECIALTY NAME CLINIC OR HOSPITAL

PHONE FAX EMAIL

SPECIALTY NAME CLINIC OR HOSPITAL

PHONE FAX EMAIL

Other health specialists
(dietician, physiotherapist, optometrist, etc.):

SPECIALTY	NAME	CLINIC OR HOSPITAL
PHONE	FAX	EMAIL

SPECIALTY	NAME	CLINIC OR HOSPITAL
PHONE	FAX	EMAIL

Nurse service:

NAME	COMPANY, CLINIC OR HOSPITAL	PHONE
FAX	EMAIL	

Lab:

PRIVATE OR HOSPITAL	PHONE	FAX
EMAIL	CONTACT	

Public health service provider (if available):

NAME	PHONE	FAX
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Other relevant contacts:

_____	_____	_____
SPECIALTY	NAME	CLINIC OR HOSPITAL
_____	_____	_____
PHONE	FAX	EMAIL

_____	_____	_____
SPECIALTY	NAME	CLINIC OR HOSPITAL
_____	_____	_____
PHONE	FAX	EMAIL

My community team

Social worker:

_____	_____	_____
SERVICE	NAME	PHONE

EMAIL		

Community and local non-profit organizations:

_____	_____	_____
SERVICE	NAME	PHONE

EMAIL		

_____	_____	_____
SERVICE	NAME	PHONE

EMAIL		

_____	_____	_____
SERVICE	NAME	PHONE

EMAIL		

My support groups (specialized support groups, national or local associations, etc.):

SERVICE _____ NAME _____ PHONE _____

EMAIL _____

SERVICE _____ NAME _____ PHONE _____

EMAIL _____

SERVICE _____ NAME _____ PHONE _____

EMAIL _____

My other important contacts

Notary or legal advisor:

SERVICE _____ NAME _____ PHONE _____

EMAIL _____

Insurance provider:

SERVICE _____ NAME _____ PHONE _____

EMAIL _____

Financial advisor:

SERVICE _____ NAME _____ PHONE _____

EMAIL _____

Other contacts

NAME

RELATIONSHIP TO PERSON IN MY CARE

PHONE

EMAIL

NAME

RELATIONSHIP TO PERSON IN MY CARE

PHONE

EMAIL

NAME

RELATIONSHIP TO PERSON IN MY CARE

PHONE

EMAIL

This form was created in partnership with Teva Canada, a global leader in generic and brand-name medicines.

Get more information and resources for caregivers at [medicineshoppe.ca/caregiver](https://www.medicineshoppe.ca/caregiver).

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