



Tracking My Support Network

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.

The 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	

Other members of the team (family, friends, neighbours, etc.):

_____	_____	_____
NAME	RELATION TO THE CARE RECIPIENT	PHONE

CELL PHONE	EMAIL	

_____	_____	_____
NAME	RELATION TO THE CARE RECIPIENT	PHONE

CELL PHONE	EMAIL	

The healthcare team

Pharmacist:

PHARMACY	PHARMACIST	PHONE
FAX	EMAIL	OTHER CONTACT

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

Other health specialists (dietitian, 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

Primary contacts:

ROLE NAME PHONE

FAX EMAIL

ROLE NAME PHONE

FAX EMAIL

ROLE NAME PHONE

FAX EMAIL

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

SERVICE _____ NAME _____ PHONE _____

EMAIL _____

SERVICE _____ NAME _____ PHONE _____

EMAIL _____

SERVICE _____ NAME _____ PHONE _____

EMAIL _____

The professional team

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

Produced by Teva Canada

At Teva, we care deeply about the well-being of the patients, caregivers and communities who rely on us. From our role as a global leader in generic and brand-name medicines to the innovative solutions we create for our healthcare partners, we offer a unique perspective on health—here in Canada and around the world.

We are committed to working with our pharmacy partners to help make the care journey easier for you.

Visit [TevaCanada.com/Caregivers](https://www.TevaCanada.com/Caregivers) for more resources and support.