



National Center of Medical Home  
Initiatives for Children with Special Needs  
Oregon Medical Home Project

# Important Phone Numbers

## Life-threatening Emergency: 911

### Primary Physician

Name: \_\_\_\_\_ Speciality: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Hours: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Care Coordinator

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Hours: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Urgent Care

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Hours: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Primary Hospital

Hospital Name: \_\_\_\_\_

Your Child's Patient I.D. #: \_\_\_\_\_

Information Phone Number: \_\_\_\_\_

Social Worker Phone Number: \_\_\_\_\_

Emergency Room Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## Secondary Hospital

Hospital Name: \_\_\_\_\_

Your Child's Patient I.D. #: \_\_\_\_\_

Information Phone Number: \_\_\_\_\_

Social Worker Phone Number: \_\_\_\_\_

Emergency Room Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## Special Transportation

Transportation Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Transportation Agency: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Emergency Contact

Neighbor or Babysitter

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Family Member

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Work

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

School

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Specialists/Therapists/Other Care Providers

Provider: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
Hours: \_\_\_\_\_

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Provider: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
Hours: \_\_\_\_\_

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Provider: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
Hours: \_\_\_\_\_

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Provider: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
Hours: \_\_\_\_\_

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Provider: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
Hours: \_\_\_\_\_

## Community Agencies

Agency: \_\_\_\_\_ Service: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Hours: \_\_\_\_\_

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Agency: \_\_\_\_\_ Service: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Hours: \_\_\_\_\_

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Agency: \_\_\_\_\_ Service: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Hours: \_\_\_\_\_

## Medical Equipment Suppliers

Supplier: \_\_\_\_\_ Product: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Hours: \_\_\_\_\_

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Supplier: \_\_\_\_\_ Product: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_  
E-mail: \_\_\_\_\_  
Hours: \_\_\_\_\_

## Pharmacy

Pharmacy: \_\_\_\_\_ Product: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
\_\_\_\_\_ E-mail: \_\_\_\_\_  
Hours: \_\_\_\_\_