Health Resource Information

Health Professional's Name:		
Service or Specialty:		
Address and Phone:		
Office Days and Hours:		
Hospital Affiliation:		
Whom to Call After Hours:		
Is advice given over the phone for medical problems?		
What happens if I cancel or don't show for an appointment?		

EMERGENCY INFORMATION

Closest hospital or clinic for emergencies: Name _____

Address _____

_____

Phone Number: _____

Number to call in an emergency: _____

Number for Poison Control Center: _____