## Contact Sheet

If possible, pull information from patient’s medical record. Confirm correct information with patient. Identify the best time of day or days to reach the patient and other contacts.

**Patient Name:**

OK to send letter (Y / N)

**Address**

Street Apt #

City, State ZIP Code \_\_\_\_\_

Email address

**Preferred spoken language:**

**Interpreter needed?** (Y/N) \_\_\_\_\_\_

**Preferred phone number: \_\_ home \_\_ cell phone \_\_ work**

**Home Phone:** ( ) OK to leave message? (Y/N)

Best time to call:

**Cell Phone:** ( ) OK to leave message? (Y/N)

Best time to call:

**Work Phone:** ( ) OK to leave message? (Y/N)

Best time to call:

**Contacts**

**Name of Contact 1:**

Relationship:

Caregiver? (Y/N) \_\_

Proxy? (Y/N) \_\_

Designated to receive followup phone call? (Y/N) \_\_

Notes:

**Preferred spoken language:**

**Interpreter needed?** (Y/N) \_\_\_\_\_\_

**Preferred phone number: \_\_ home \_\_ cell phone \_\_ work**

**Home Phone:** ( ) OK to leave message? (Y/N)

Best time to call:

**Cell Phone:** ( ) OK to leave message? (Y/N)

Best time to call:

**Work Phone:** ( ) OK to leave message? (Y/N)

Best time to call:

**Contacts**

**Name of Contact 2:**

Relationship:

Caregiver? (Y/N) \_\_

Proxy? (Y/N) \_\_

Designated to receive followup phone call? (Y/N) \_\_

Notes:

**Preferred spoken language:**

**Interpreter needed?** (Y/N) \_\_\_\_\_\_

**Preferred phone number: \_\_ home \_\_ cell phone \_\_ work**

**Home Phone:** ( ) OK to leave message? (Y/N)

Best time to call:

**Cell Phone:** ( ) OK to leave message? (Y/N)

Best time to call:

**Work Phone:** ( ) OK to leave message? (Y/N)

Best time to call: