

## Team Resource Sheet

*Track the names and contact numbers of your team from the Division of Rheumatology at Cincinnati Children's Hospital Medical Center.*

Doctor(s) (Rheumatologist): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Advanced Practice Nurse: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Clinic Nurse: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Therapist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physical Therapist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Nutritionist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Customer Service Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Local Doctor (Pediatrician): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Ophthalmologist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Psychologist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Others:** \_\_\_\_\_

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

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