



# Atlanta Specialized Care

[www.atlantaspecializedcare.com](http://www.atlantaspecializedcare.com)

## Coordination of Care Form

**PATIENT  
NAME:** \_\_\_\_\_

*Please provide us with your current care providers.*

**\* We will not contact any individual on this list without a document of informed consent being completed in addition to this form.**

Primary Care Physician:

\_\_\_\_\_

OB-GYN:

\_\_\_\_\_

Pediatrician:

\_\_\_\_\_

Psychiatrist:

\_\_\_\_\_

Other Counselors Involved with Family/Members Treatment:

\_\_\_\_\_

School Counselor:

\_\_\_\_\_

Other Specialists:

\_\_\_\_\_