

CONTACT LIST

The purpose of the Contact List is to enable each PAG Participant and Monitor to design an individually structured support network. Releases of information will be signed and retained (by both Monitor and Participant) for each designated persons on the Contact List. Contacts will be made by the Monitor either quarterly or as agreed to by the Monitor, Participant, and Contact person/s. Additionally, contacts will be made to each person on the Contact List if the Participant has an unexplained Positive UA screen. Whenever a Contact person changes (i.e.: change of sponsor), this Contact List will be updated and (☉) initialed/dated.

PARTICIPANT NAME: _____

WORKSITE MONITOR:

☉	NAME	Telephone

HOSPITAL MONITOR:

☉	NAME	Telephone

WELL-BEING COMMITTEE CHAIR:

☉	NAME	Telephone

12 STEP SPONSOR:

☉	NAME	Telephone

PERSONAL PHYSICIAN:

☉	NAME	Telephone

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PARTICIPANT NAME: _____

PSYCHOTHERAPIST:

☒	NAME	Telephone

PSYCHIATRIST:

☒	NAME	Telephone

ADDICTIONOLOGIST:

☒	NAME	Telephone

UA COLLECTION COMPANY, COLLECTION MONITOR:

☒	NAME	Telephone

ADDITIONAL NAMED CONTACT/S:

☒	NAME/POSITION	Telephone