[Add your team name here]

**Essential Professional Conversations (EPC)**

**Contact List and Team Description**

**Updated: [Add date here]**

**Name of EPC Champion:**

**Name and Location of Organization:**

**Name of Team:**

**Name of Program:**

**Program Description:**

**Rehabilitation Professions (e.g., OT, PT, SLP, SW, RN, etc.):**

**Special Notes (e.g., time of rounds):**

See next page.

**Contact information –** [Add team name here]

**Main Hospital Number:**

Manager and Contact Information (name, phone number):

**If you are initiating an EPC and cannot reach one of the healthcare providers listed below, please contact the EPC back-up person:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Role** | **Extension** | **Working Hours** | **Best Times (generally)** |
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**Send your completed contact list and team description to:** **info@tostroke.com****.**