

WHO IS ON YOUR CARE TEAM?

YOU & Your Closest Family & Friends

- _____
- _____
- _____
- _____
- _____
- _____

Medical Team Members

- _____
- _____
- _____
- _____
- _____

Non Medical Professionals

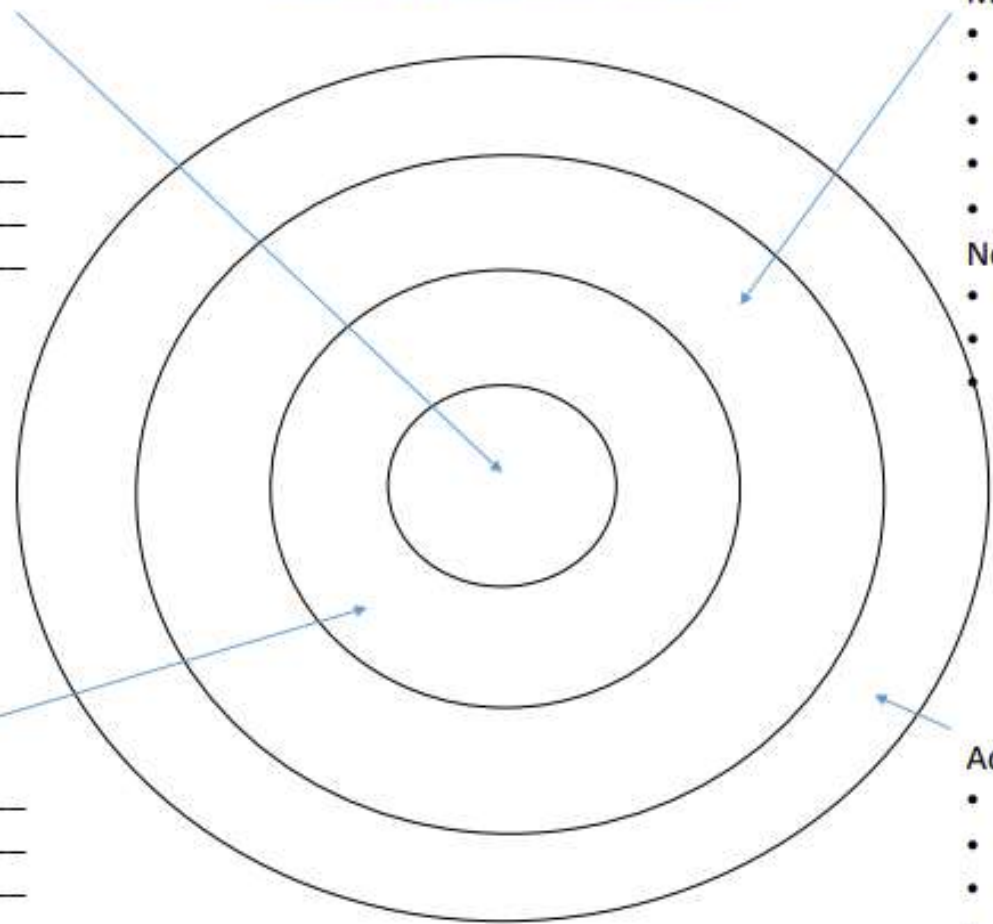
- _____
- _____
- _____

Other Family & Friends

- _____
- _____
- _____
- _____
- _____
- _____

Additional Resources

- _____
- _____
- _____
- _____
- _____
- _____



WHAT ARE YOUR BARRIERS TO ASKING FOR HELP?