

Professional Community Contact Report

Please complete this form for each professional contacted.
Retain one copy for your files, another copy for your HIPM files, and mail one copy to:

OA World Service Office
P O Box 44020
Rio Rancho, NM 87174-4020

or

Email: info@oa.org

SECTION 1

INFORMATION REGARDING THE PROFESSIONAL CONTACTED

Full Name _____ Degree(s) _____
Job Title _____ Department _____
Street Address _____ Employer _____
City, State, Zip _____ Email _____

Telephone _____ Extension _____

Name of Secretary or Receptionist _____

Professional is (please check one) OA member supports OA opposes OA
 neutral skeptical friendly

If this contact is an OA member or supporter, is he/she willing to: (check all that apply)

- refer patients, clients, or parishioners to OA
 - display OA literature in waiting room
 - endorse OA with colleagues privately
 - facilitate HIP appointments with colleagues
 - facilitate OA speakers before professional gatherings
 - facilitate OA coverage in professional journals
 - serve on a public OA professional advisory committee
 - attend an open OA meeting
 - hasn't been asked
 - other (please specify) _____
-

What sort of cooperation or assistance did he/she request? _____

Additional comments _____

Professional Community Contact Report, continued

SECTION 2

INFORMATION REGARDING THE CONTACT

Date of contact _____

Type of contact: letter telephone visit other (specify) _____

Material provided _____

Full name/address/telephone of person who referred this professional to OA

This person: contacted OA is OA member is professional colleague of contact*

*If contact was referred to OA by a professional colleague, please make a separate contact report for that colleague.

What problems did you have? _____

What would you have done differently? _____

SECTION 3

INFORMATION REGARDING OA MEMBER FILING THIS REPORT

First and last name _____

Intergroup/Region _____

Street address _____

City, State, Zip _____ Email _____

Telephone _____ Date _____

First and last names, address, and telephone numbers of other OA members making this contact

1) _____

2) _____

3) _____

For information on how to organize a Hospitals, Institutions, and Professional Committee at the local level, please contact the HIP Committee at the WSO address on the front of this form or go to www.oa.org/professionals_media.html.

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