

EMERGENCY PHYSICIAN PROCTOR REPORT

Physician: _____ Date: _____

Proctor: _____

No. of Patients: _____ No. of Admissions: _____

Medical Record Nos:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Review Summary:
(2 = above average; 1 = average; 0 = poor)

History/Physical _____
Appropriateness of Lab/X-ray/physiology _____
Patient and Family Interaction _____
Clinical Management _____
Follow-up and Referral _____

Procedures Observed:	MR #
_____	_____
_____	_____
_____	_____
_____	_____

Suggestions: _____

I understand this information is confidential and will be used for the purpose of establishing privileges and advancement from Provisional status. DELIVER PROMPTLY TO MEDICAL STAFF SERVICES.

Proctor: _____ Date: _____