



ALLIED HEALTH PROFESSIONAL
PROCTORING REPORT
TEMPORARY & PROVISIONAL STAFF MEMBERS OR NEW PRIVILEGE REQUEST

PRACTITIONER BEING OBSERVED: _____

SERVED AS A: [] SURGICAL FIRST ASSISTANT [] SECOND ASSIST FOR CORONARY ARTERY BYPASS SURGERY [] NOT APPLICABLE

PATIENT NAME: _____ AGE: _____

MEDICAL RECORD#: _____ ADMIT/PROCEDURE DATE: _____

ADMITTING DIAGNOSIS: _____

PROCEDURE: _____

REPORT OF PROCTOR PLEASE CHECK APPLICABLE BOX(S)

[] HISTORY & PHYSICAL [] DAILY ROUNDS

Table with 4 columns: Criteria, Meets Standard of Care, Does Not Meet Standard of Care (PLEASE EXPLAIN BELOW), Not Applicable. Rows include Patient Work-up and Diagnostic Formulation, Judgment, Technique, Management, Documentation, and Timeliness.

COMMENTS: _____

PROCTOR NAME

PROCTOR SIGNATURE

DATE

PLEASE RETURN THIS FORM TO THE MEDICAL STAFF OFFICE WHEN COMPLETED
3330 Lomita Boulevard • Torrance, CA 90505-5073 • 310-517-4616 Phone • 310-784-8777 Fax