

### PROCEDURAL/NON-SURGICAL PROCTORING REPORT

#### PROCTORING REPORT

#### TEMPORARY& PROVISIONAL STAFF MEMBERS OR NEW PRIVILEGE REQUEST

OBSERVED PRACTITIONER: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

MEDICAL RECORD#: \_\_\_\_\_ ADMIT/PROCEDURE DATE: \_\_\_\_\_

ADMITTING DIAGNOSIS: \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

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#### REPORT OF PROCTOR PLEASE CHECK APPLICABLE BOX(S)

HISTORY & PHYSICAL     CONSULT/ ADMIT     DISCHARGE SUMMARY     DAILY PROGRESS NOTES

	Meets Standard of Care	Does Not Meet Standard of Care (PLEASE EXPLAIN BELOW)	Not Applicable
1. Patient Work-up and Diagnostic Formulation <b>Psychiatry and Clinical Psychology includes:</b> Reason for Consult ; History of Present Illness Past Psychiatric History ; Medical History Family and Social History ; Mental Status Exam Diagnosis; Treatment Recommendation			
2. Judgment			
3. Technique			
4. Management			
5. Documentation			
6. Timeliness			
7. Sedation & Analgesia: Proctored at time procedure is performed by anesthesia or a similar specialist with like privileges OR First three (3) by anesthesia if not able to demonstrate 3 cases in the past 12 months			

COMMENTS: \_\_\_\_\_

DID THE PRACTITIONER BEING OBSERVED ADMINISTER SEDATION?    YES     NO

ANESTHESIOLOGIST PROCTORING SEDATION    SIGNATURE \_\_\_\_\_    DATE \_\_\_\_\_

PROCTOR NAME    PROCTOR SIGNATURE \_\_\_\_\_    DATE \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE MEDICAL STAFF OFFICE WHEN COMPLETED**

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