



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: _____

REPORT OF PROCTOR PLEASE CHECK APPLICABLE BOX(S)

HISTORY & PHYSICAL
 CONSULT
 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 Psychiatry and Clinical Psychology includes: 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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