



Dear Sir or Madam:

The above practitioner has applied for medical staff appointment to the staff of Pacific Heights Surgery Center. We are asking you to render an opinion in the following categories. This is an important part of the evaluation of this practitioner’s application for clinical staff privileges. Your response will be treated as confidential. Please fax results to 415-567-1181.

Please do not hesitate to call us if you feel your comments could be best expressed directly.

	Reliable	Usually Reliable	Problems
Clinical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional relations with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to understand and speak English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in medical staff affairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has this practitioner displayed any problems with current physical, mental health, or chemical dependency that would interfere with the applicant’s ability to provide high-quality care and professional services?

Yes No

What is your opinion regarding the applicant’s competency in performing the privileges shown on the attachment?

Additional comments:

Recommendation:

Would recommend Would not recommend

Signature Title Date

Name (Please print)