

Professional Reference Form

Applicant Name & Degree _____ Date _____

I hereby authorize Potomac Anesthesiology Associates and its representative(s) to consult with any and all third party who have been associated with me and/or who may have information bearing on my competence and qualifications for medical staff appointment. I authorize and direct persons consulted to provide such information and I release from all such parties in doing so.

The practitioner named above has made an application to Potomac Anesthesiology Associates. We would appreciate any information on this applicant's qualifications, competence, and professional bearing. Please reply to the specific questions based on your personal knowledge and observations and amplify your observations in the "comments" section. Your responses will remain confidential.

1. Your name and title _____
2. Specialty _____
3. How long have you known the applicant? _____
4. With what frequency and how are you acquainted with the applicant (check all that apply)
 Medical business/professional associate Postgraduate training
 Specialty peer Referral source Daily Weekly Monthly
5. To your knowledge, has the applicant ever been subject to any disciplinary action regarding their professional performance? No Yes *
6. To your knowledge, is there any history of unprofessional conduct? No Yes *
7. To your knowledge, has the applicant ever displayed any problematic behavior toward peers, staff or patients and/or families? No Yes *
8. To your knowledge, has the applicant displayed possible dependence on drugs or alcohol which might affect their ability to perform professional and medical staff duties? No Yes *
9. To your knowledge, does the applicant have any physical/mental conditions that would, in your opinion, impair their ability to practice medicine? No Yes *
10. To your knowledge, has the applicant's medical license, drug license or clinical privileges ever been reduced, suspended or revoked? No Yes *
11. To your knowledge, has the applicant ever been charged with a felony? No Yes *
12. To your knowledge, are there any cases resulting in litigation involving No Yes *

this applicant?

*If you checked **yes** to any of the questions above, please comment here:

13. Please evaluate the applicant on the following:

<u>Patient Care</u>	Excellent	Good	Fair	Unsatisfactory	No Knowledge
Provides care with compassion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides clinically appropriate care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Considerate of patient's family/friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability/Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Medical Knowledge</u>	Excellent	Good	Fair	Unsatisfactory	No Knowledge
Basic medical/clinical knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge in specialty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate use of resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Practice-Based Learning & Improvement</u>	Excellent	Good	Fair	Unsatisfactory	No Knowledge
Medical knowledge is current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely, appropriate use of consultants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<u>Interpersonal & Communication Skills</u>	Excellent	Good	Fair	Unsatisfactory	No Knowledge
Overall communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal & written English fluency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication with administrative staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work with healthcare team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate record-keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Professionalism	Excellent	Good	Fair	Unsatisfactory	No Knowledge
Ethical standards of treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains patient confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintains responsibility for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensitive to diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Upon review of the applicant's Request for Privileges and based on personal knowledge and observation, I believe the applicant possesses all some none of the qualifications and skills necessary for the position requested.

I thereby: recommend without reservation.
 recommend with the following reservations: _____
 do not recommend based on the following: _____

Signature

Date

Printed Name