

**APPENDIX A**

**REFERRAL TO THE PROFESSIONAL STAFF HEALTH COMMITTEE**

Complete this form in its entirety, sign, and submit it to the Professional Staff Health Committee  
Fax :(310)206-2072  
Email: [kmiotto@mednet@ucla.edu](mailto:kmiotto@mednet@ucla.edu); [rwilkinson@mednet.ucla.edu](mailto:rwilkinson@mednet.ucla.edu)

Name: \_\_\_\_\_ Dept: \_\_\_\_\_ Date/Time: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

**Description of Incident**

Please describe the behavior observed as factually and objectively as possible, including the events, which precipitated the behavior, if known. Provide all relevant details, including contact information for the practitioner being referred. (Please continue on a separate page as needed)

\_\_\_\_\_

Others Present:

\_\_\_\_\_  
\_\_\_\_\_

**Effect on Patient Care or Hospital Operations**

\_\_\_\_\_  
\_\_\_\_\_

**Did the behavior affect or involve a patient?**                      Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, provide the patient's name: \_\_\_\_\_ MR# \_\_\_\_\_  
Please describe the effect of the practitioner's behavior on patient care or hospital operations.

\_\_\_\_\_

**Action Taken**

Was the Unit supervisor, Service Chief, Medical Director, or any other person notified of the incident?

\_\_\_\_\_ Yes    Name of person notified: \_\_\_\_\_

\_\_\_\_\_ No

Date: \_\_\_\_\_ Name of Reviewer Reporting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ (signature)