



Ronald Reagan Medical Center

APPENDIX A

REFERRAL TO THE PHYSICIAN HEALTH COMMITTEE

Complete this form in its entirety, sign, and submit to the Physician Health Committee

Fax: (310) 206-2072

Email: kmiotto@mednet@ucla.edu; rwilkinson@mednet.ucla.edu; emead@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, if known, the events which precipitated the behavior. Provide all relevant details, including contact information for the physician being referred. If needed, please continue the description on additional pages.

\_\_\_\_\_

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 clinician's behavior on patient care or hospital operations.

\_\_\_\_\_

Action Taken

Was the Unit Supervisor, Service Chief, Chief of Staff, Chief Medical Officer, or any other person notified of the incident?

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

\_\_\_\_\_ No

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

Signature: \_\_\_\_\_