

APPENDIX A

REFERRAL TO THE MEDICAL STAFF HEALTH COMMITTEE

Complete this form in its entirety, sign and submit it to the Medical Staff Health Committee

Fax :(310)206-2072

Email: kmiotto@mednet@ucla.edu; 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 physician 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 clinician's behavior on patient care or hospital operations.

Action Taken

Was the Unit supervisor, Department Chair, Chief Medical Officer, or any other person notified of the incident?

_____ Yes Name of person notified: _____

_____ No

Date: _____ Name of Reviewer Reporting: _____

(signature)