

**CAROLINAS MEDICAL CENTERS-CHARLOTTE
ALLIED HEALTH PROFESSIONALS
PROCTORING REPORT**

ALLIED HEALTH PROFESSIONAL: _____

DATE: _____ **AGE OF PATIENT** _____

MEDICAL RECORD NUMBER: _____

ADMITTING DIAGNOSIS OR COMPLAINT: _____

PROCEDURE PERFORMED _____

DISCHARGE DIAGNOSIS: _____

PROCTOR'S APPRAISAL:

Please utilize the following rating scale in your evaluations:

1. Reviewed care/outcome was expected and acceptable. REVIEWER COMFORTABLE.
2. Reviewed care/outcome not necessarily routine, but not totally unexpected. REVIEWER STILL COMFORTABLE.
3. Reviewed care/outcome unexpected. REVIEWER UNCOMFORTABLE.
4. Reviewed care/outcome very unexpected. REVIEWER DISPLEASED.
5. Unable to Evaluate.

PLEASE CHECK THE APPROPRIATE NUMBER	1	2	3	4	5	COMMENTS
1. Necessity for Admission/Procedure						
2. History						
3. Physical Examination						
4. Use of Laboratory Studies						
5. Use of Imaging Studies						
6. Use of Drug Therapy						
7. Follow-up Care						
8. Level of Care						
9. Consultations						
10. Progress Notes						
11. Complications						
12. Pre-Procedure/Work-up						
13. Procedure Judgment						
14. Procedure Technique						
15. Knowledge of Procedure						
16. Results of Procedure						
17. Procedure Time						
18. Overall Quality of Care						
19. General Comments						
OVERALL QUALITY OF CARE						

GENERAL COMMENTS: _____

PROCTOR'S SIGNATURE _____

Date: _____

FOR OFFICE USE ONLY: Report was reviewed by Department Chief, or his/her designee, and found to have performed at a level acceptable for recommendation