

**COMMUNITY MEMORIAL HEALTH SYSTEM  
OUTPATIENT PROCTOR REPORT – CFH & MTMG**

Physician: \_\_\_\_\_

Date: \_\_\_\_\_

Proctor: \_\_\_\_\_

PATIENT  
INITIALS: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

Review Summary:            1 = within standard of care  
                                      0 = below standard of care

History/Physical ..... \_\_\_\_\_  
Appropriateness of Lab/X-ray/physiology..... \_\_\_\_\_  
Patient and Family Interaction ..... \_\_\_\_\_  
Clinical Management ..... \_\_\_\_\_  
Follow-up and Referral ..... \_\_\_\_\_

Procedures Observed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand this information is confidential and will be used for the purpose of establishing privileges and advancement from Provisional status. DELIVER PROMPTLY TO MEDICAL STAFF SERVICES. Fax 805 648-4295.**

Proctor: \_\_\_\_\_ Date: \_\_\_\_\_

Outpatient Practice Division 4/28/14  
Family Practice Department 5/14/14  
MEC 6/3/14