



AESTHETIC DAY SURGERY

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Kogarah NSW 2217

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CONFIDENTIAL REFEREE REPORT FORM

VISITING MEDICAL OFFICER CREDENTIALING

Name of Applicant:

Name of Referee:

Contact Telephone:

Contact Email:

| ATTRIBUTES | Major Concern | Minor Concern | Satisfactory | Excellent |
|---|---------------|---------------|--------------|-----------|
| Clinical & Professional Attributes | | | | |
| Clinical judgement and clinical decision making | | | | |
| Clinical competence and efficiency | | | | |
| Procedural competence and efficiency | | | | |
| Accurate record keeping | | | | |
| Commitment to continuing medical education, quality improvement | | | | |
| Interpersonal Skills, Ethical Behaviour, Character | | | | |
| Communication with patients | | | | |
| Interaction with colleagues | | | | |
| Confidentiality, professional ethics and workplace behaviour | | | | |
| Effectiveness as a team member | | | | |
| Reliability and punctuality | | | | |

| DECLARATIONS | Yes | No |
|--|-----|----|
| Have you worked directly with the applicant? | | |
| Are you aware of any ongoing medical condition, mental or physical (including substance abuse or dependence), suffered by the applicant? | | |
| Are you aware of any complaints or disciplinary or legal action against the applicant? | | |
| Are you aware of any incident which required the applicant to be counselled about any aspect of their work performance? | | |
| Do you have any personal or professional conflict of interest in providing this reference? | | |

Comments:

I declare that this report has been completed to the best of my knowledge and observation.

Signature:

Date:

Please return via Fax (02) 9553 9924 or email pgqh@aestheticdaysurgery.com.au thank you.