



## AESTHETIC DAY SURGERY

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# CONFIDENTIAL REFEREE REPORT FORM

## VISITING MEDICAL OFFICER CREDENTIALING

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**Name of Applicant:**

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**Name of Referee:**

**Contact Telephone:**

**Contact Email:**

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ATTRIBUTES	Major Concern	Minor Concern	Satisfactory	Excellent
<b>Clinical &amp; Professional Attributes</b>				
Clinical judgement and clinical decision making				
Clinical competence and efficiency				
Procedural competence and efficiency				
Accurate record keeping				
Commitment to continuing medical education, quality improvement				
<b>Interpersonal Skills, Ethical Behaviour, Character</b>				
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:
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**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](mailto:pgqh@aestheticdaysurgery.com.au) thank you.