



AESTHETIC DAY SURGERY

14 Kensington Street
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical competence and efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedural competence and efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurate record keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to continuing medical education, quality improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills, Ethical Behaviour, Character				
Communication with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality, professional ethics and workplace behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness as a team member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability and punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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 nd@aestheticdaysurgery.com.au thank you.