Practice Assessment Report

#1 Patient ID (Initials and Date of Birth):

Clinical Observation Form - Procedural

Please consider the evidence found during the on-site visit regarding the appropriateness of the physician's actions in dealing with each patient.

Physician Name:		

Procedure being observed:

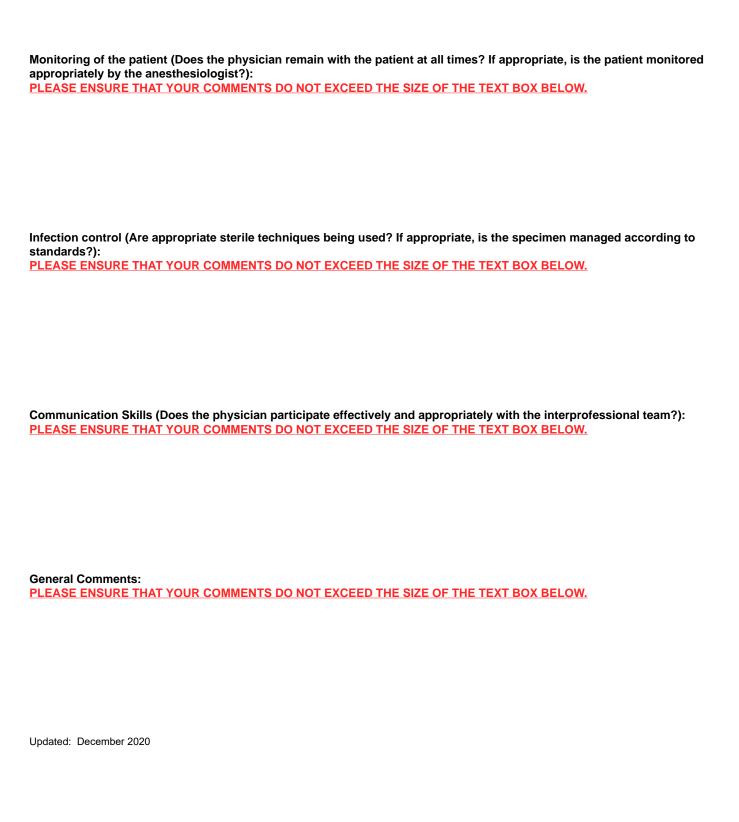
PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Initial encounter with the patient (Does the physician ensure appropriate informed consent for the procedure? Was the verification process conducted according to the standards?):

PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Procedure being performed (Does the physician demonstrate proficient and appropriate use of procedural skills?): PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

#1 Patient ID (Initials and Date of Birth):



Practice Assessment Report

Clinical Observation Form - Procedural

Please consider the evidence found during the on-site visit regarding the appropriateness of the physician's actions in dealing with each patient.

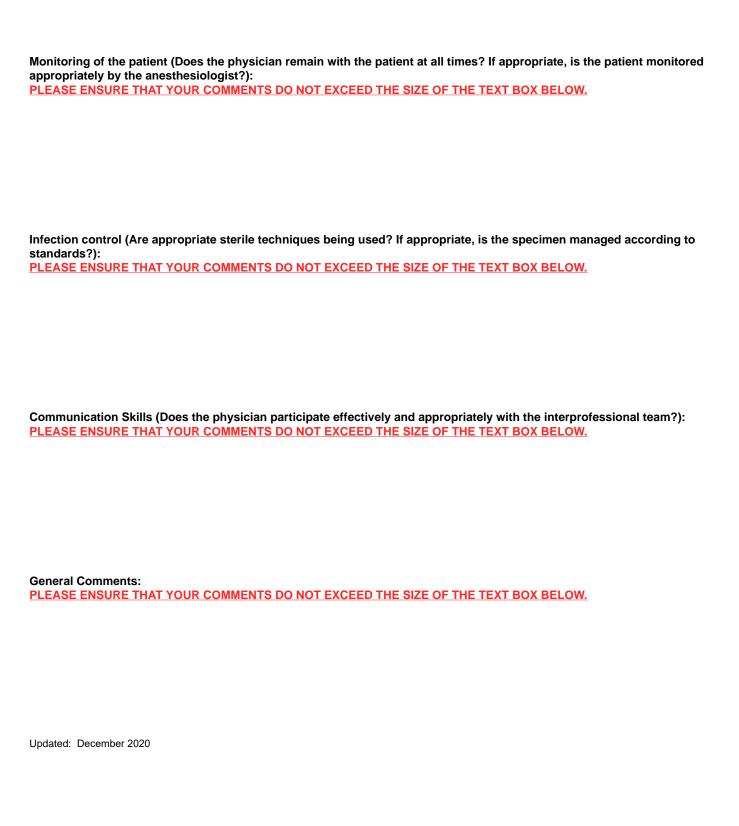
Procedure being observed: PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.	
#2 Patient ID (Initials and Date of Birth):	
Physician Name:	
dealing with each patient.	

Initial encounter with the patient (Does the physician ensure appropriate informed consent for the procedure? Was the verification process conducted according to the standards?):

PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Procedure being performed (Does the physician demonstrate proficient and appropriate use of procedural skills?): PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

#2 Patient ID (Initials and Date of Birth):



Practice Assessment Report

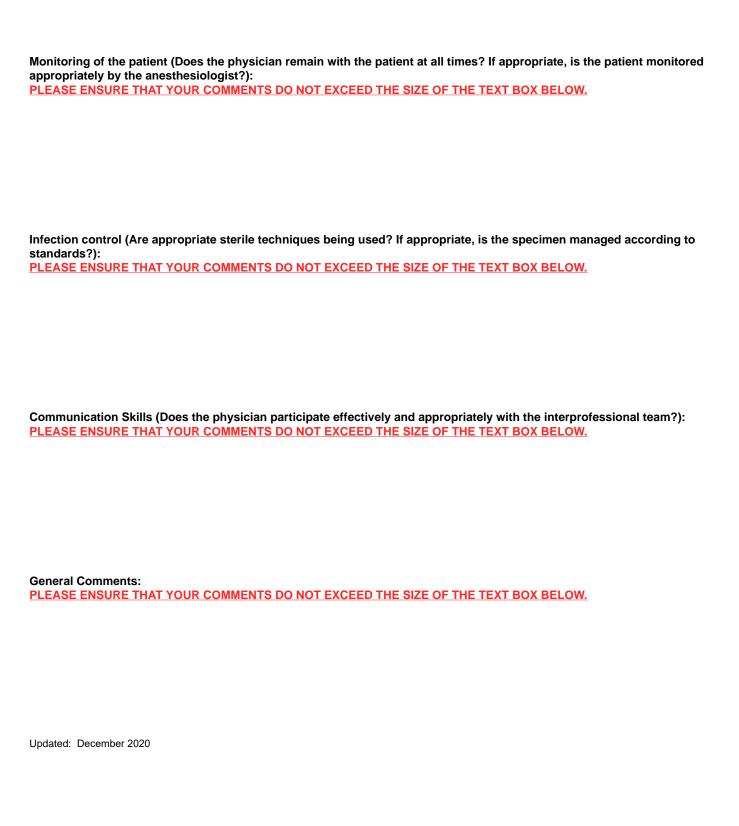
Clinical Observation Form - Procedural

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Please consider the evidence found during the on-site visit regarding the appropriateness of the physician's actions in dealing with each patient.
Physician Name:
#3 Patient ID (Initials and Date of Birth):
Procedure being observed: PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.
Initial encounter with the patient (Does the physician ensure appropriate informed consent for the procedure? Was the verification process conducted according to the standards?):

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Procedure being performed (Does the physician demonstrate proficient and appropriate use of procedural skills?): PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

#3 Patient ID (Initials and Date of Birth):



Practice Assessment Report

Clinical Observation Form - Procedural

Please consider the evidence found during the on-site visit regarding the appropriateness of the physician's actions in dealing with each patient.

Physician Name:	
#4 Patient ID (Initials and Date of Birth):	

Procedure being observed:

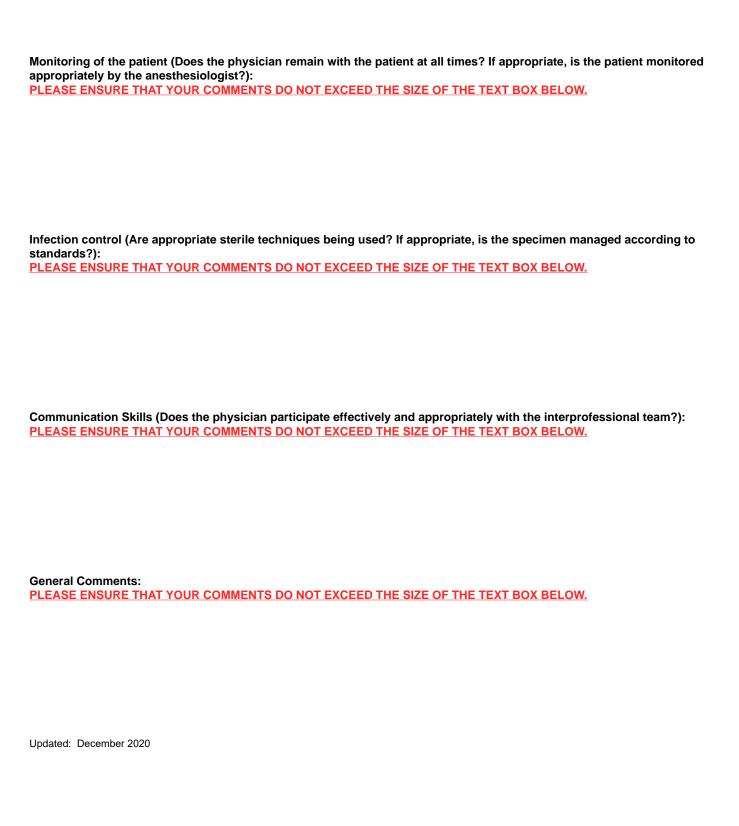
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Initial encounter with the patient (Does the physician ensure appropriate informed consent for the procedure? Was the verification process conducted according to the standards?):

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Procedure being performed (Does the physician demonstrate proficient and appropriate use of procedural skills?): PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

#4 Patient ID (Initials and Date of Birth):



Practice Assessment Report

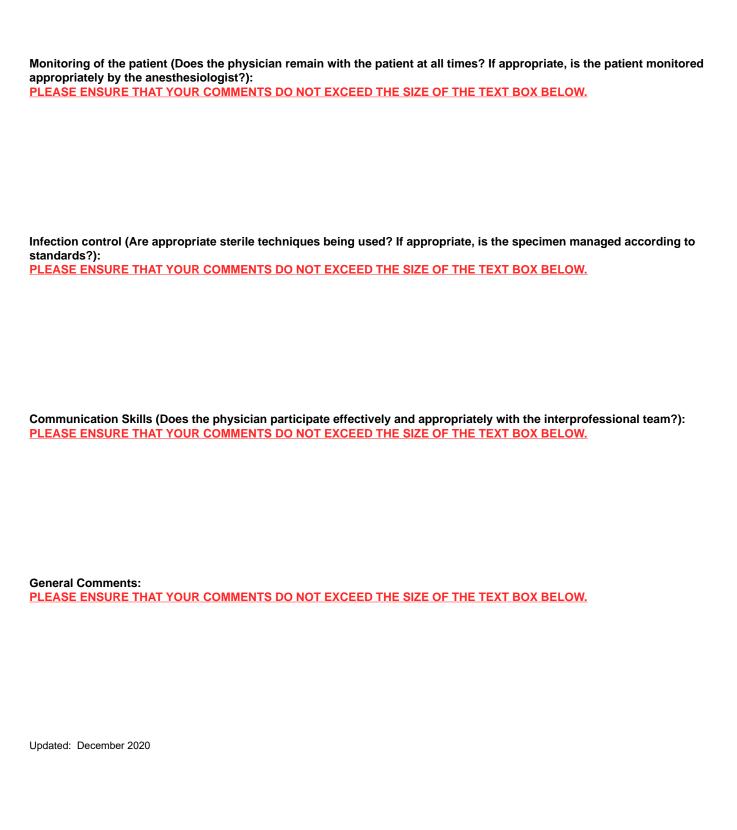
Clinical Observation Form - Procedural

omnour observation i recodular
Please consider the evidence found during the on-site visit regarding the appropriateness of the physician's actions in dealing with each patient.
Physician Name:
#5 Patient ID (Initials and Date of Birth):
Procedure being observed: PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.
Initial encounter with the patient (Does the physician ensure appropriate informed consent for the procedure? Was the verification process conducted according to the standards?):

PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Procedure being performed (Does the physician demonstrate proficient and appropriate use of procedural skills?): PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

#5 Patient ID (Initials and Date of Birth):



Clinical Observation Forms

Practice Assessment Repor	Pra	ctice	Assessi	ment	Rer	ort
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Clinical Observation Form

Please consider the evidence f	ound during the on-site v	visit regarding the ap	propriateness of the
physician's actions in dealing w	ith each patient.		

Physician Name:
#1 Patient ID (Initials and Date of Birth):

Chief Presenting Problem:

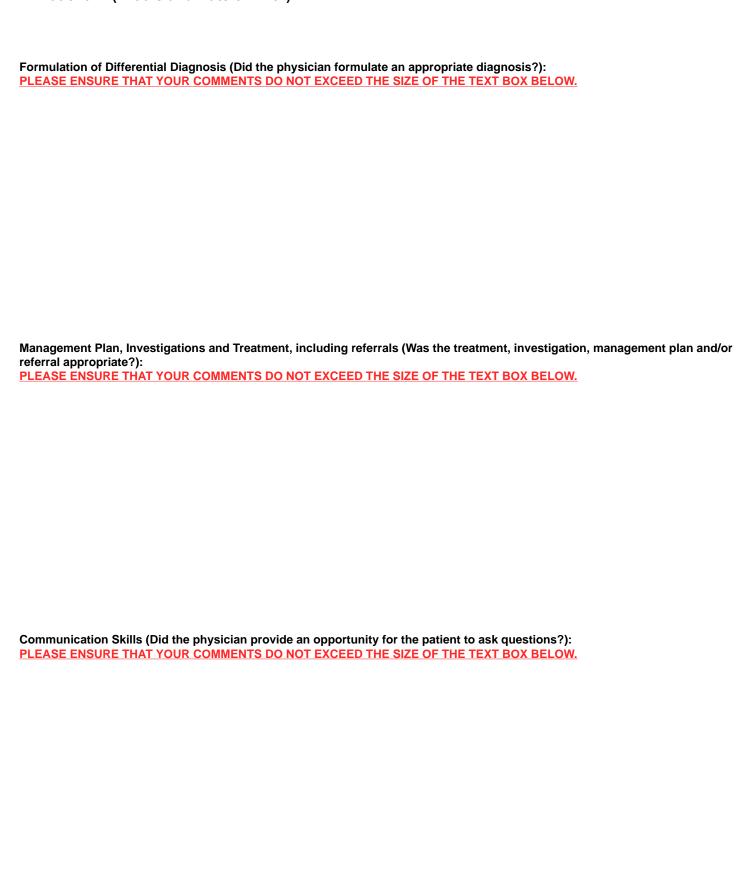
PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Initial History and Greeting of the Patient (Was there good rapport with the patient, and were history and questions appropriate?): PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Patient Examination (Was the exam appropriate to the problem?):



#1 Patient ID (Initials and Date of Birth):



Practice Assessment Repor	Pra	ctice	Assessi	ment	Rer	ort
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Clinical Observation Form

Please consider the evidence f	ound during the on-site v	visit regarding the ap	propriateness of the
physician's actions in dealing w	ith each patient.		

Physician Name:
#2 Patient ID (Initials and Date of Birth):

Chief Presenting Problem:

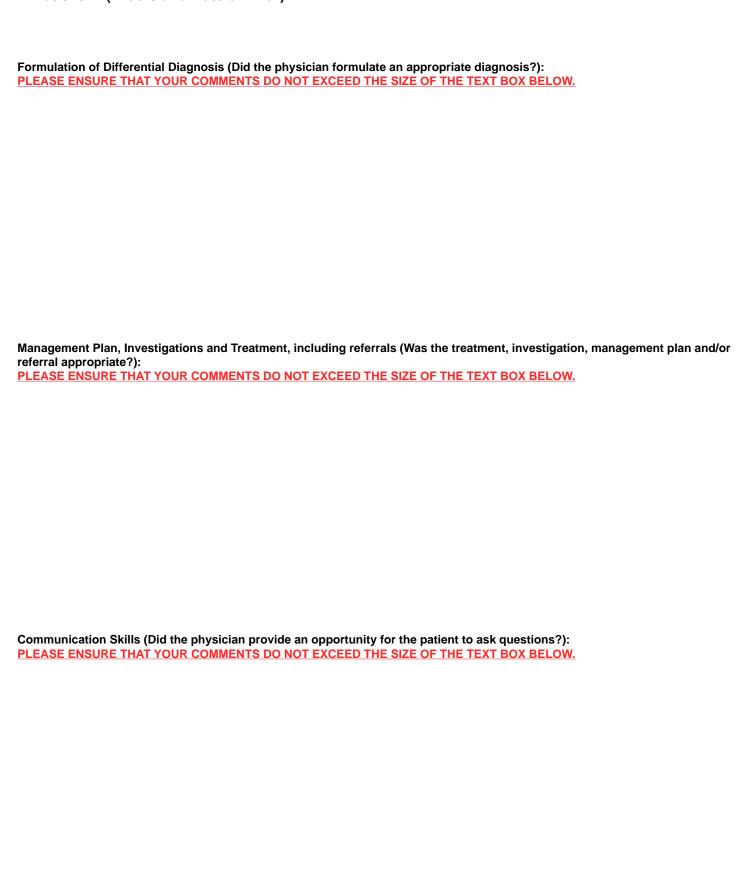
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Initial History and Greeting of the Patient (Was there good rapport with the patient, and were history and questions appropriate?): PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Patient Examination (Was the exam appropriate to the problem?):



#2Patient ID (Initials and Date of Birth):



Practice Assessment Report

Clinical Observation Form

Please consider the evidence found during the on-site visit regarding the appropriateness of the	ıe
physician's actions in dealing with each patient.	

Physician Name:

#3 Patient ID (Initials and Date of Birth):

Chief Presenting Problem:

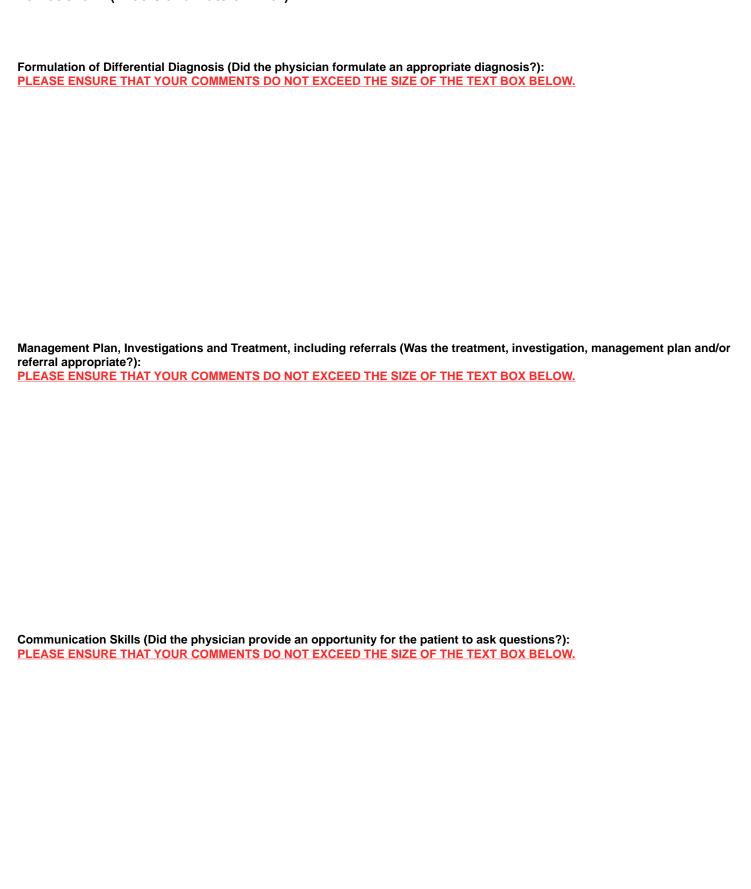
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Initial History and Greeting of the Patient (Was there good rapport with the patient, and were history and questions appropriate?): PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Patient Examination (Was the exam appropriate to the problem?):



#3 Patient ID (Initials and Date of Birth):



Practice Assessment Repor	Pra	ctice	Assessi	ment	Rer	ort
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Clinical Observation Form

Please consider the evidence f	ound during the on-site v	visit regarding the ap	propriateness of the
physician's actions in dealing w	ith each patient.		

Physician Name:
#4 Patient ID (Initials and Date of Birth):

Chief Presenting Problem:

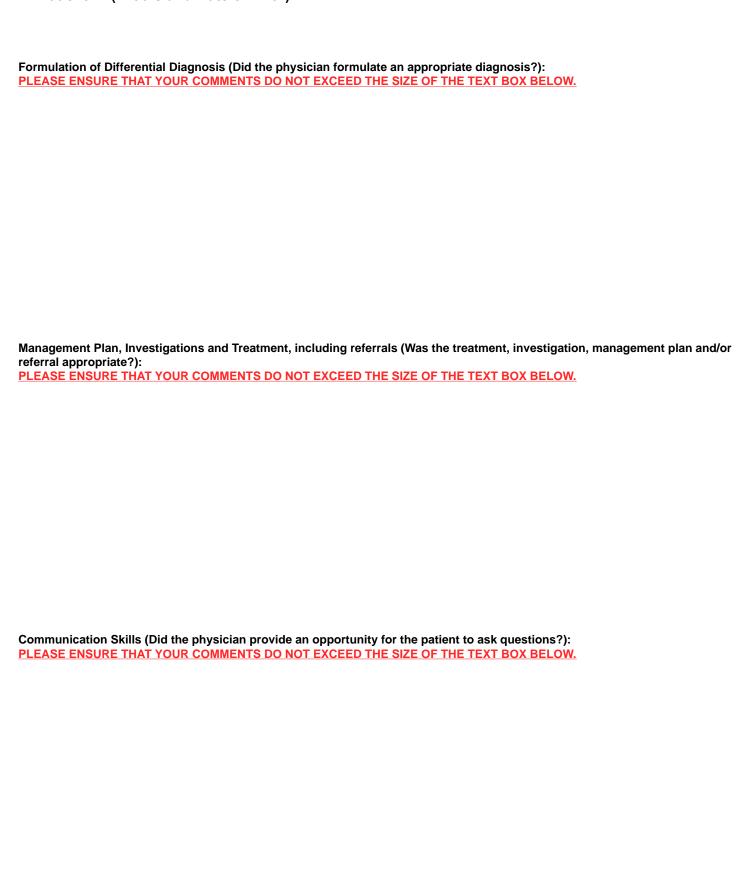
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Initial History and Greeting of the Patient (Was there good rapport with the patient, and were history and questions appropriate?): PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Patient Examination (Was the exam appropriate to the problem?):



#4 Patient ID (Initials and Date of Birth):



Practice Assessment Repor	Pra	ctice	Assessi	ment	Rer	ort
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Clinical Observation Form

Please consider the evidence f	ound during the on-site v	visit regarding the ap	propriateness of the
physician's actions in dealing w	ith each patient.		

Physician Name:

#5 Patient ID (Initials and Date of Birth):

Chief Presenting Problem:

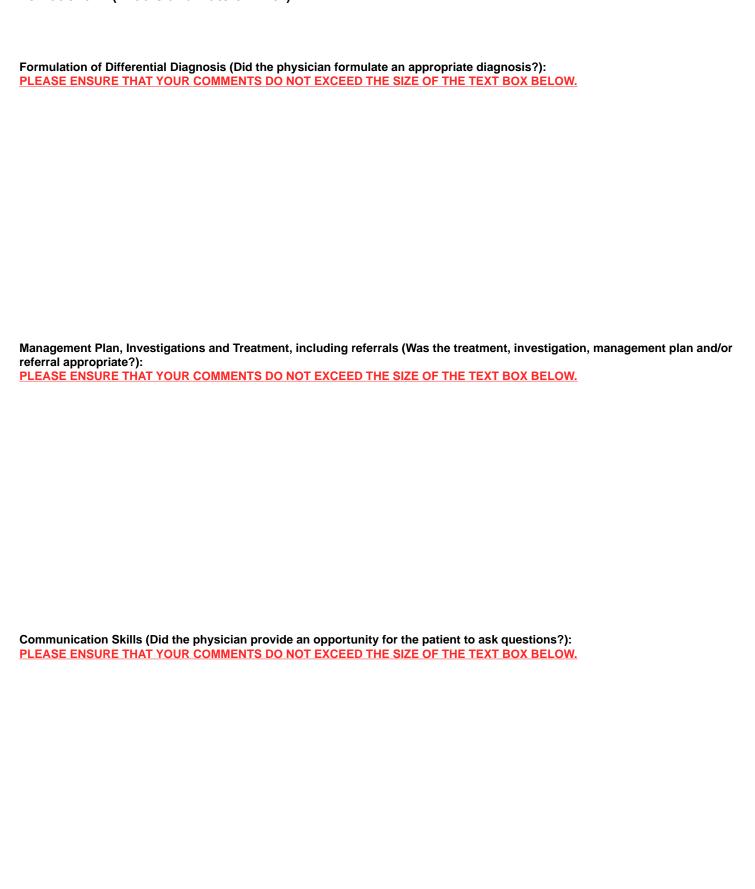
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Initial History and Greeting of the Patient (Was there good rapport with the patient, and were history and questions appropriate?): PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Patient Examination (Was the exam appropriate to the problem?):



#5 Patient ID (Initials and Date of Birth):



Practice Assessment Report	ractice	Assessm	nent F	Repor
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Clinical Observation Form

Please consider the evidence found during the on-site visit regarding the appropriateness of the	ıе
physician's actions in dealing with each patient.	

Physician Name:

#6 Patient ID (Initials and Date of Birth):

Chief Presenting Problem:

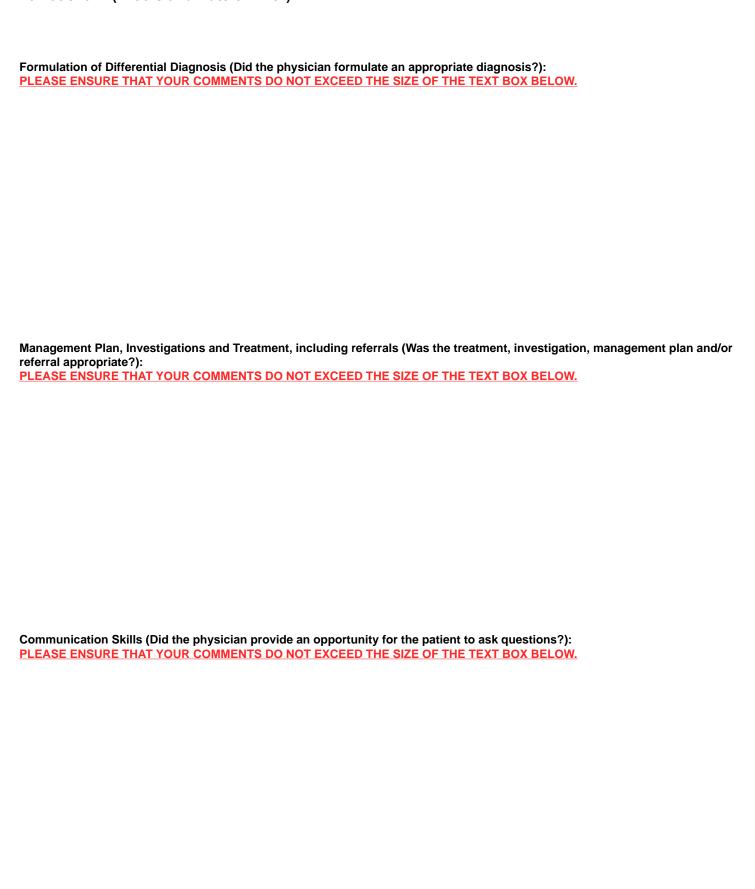
PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Initial History and Greeting of the Patient (Was there good rapport with the patient, and were history and questions appropriate?): PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Patient Examination (Was the exam appropriate to the problem?):



#6 Patient ID (Initials and Date of Birth):



Practice Assessment Report	ractice	Assessm	nent F	Repor
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Clinical Observation Form

Please consider the evidence found during the on-site visit regarding the appropriateness of	the
physician's actions in dealing with each patient.	

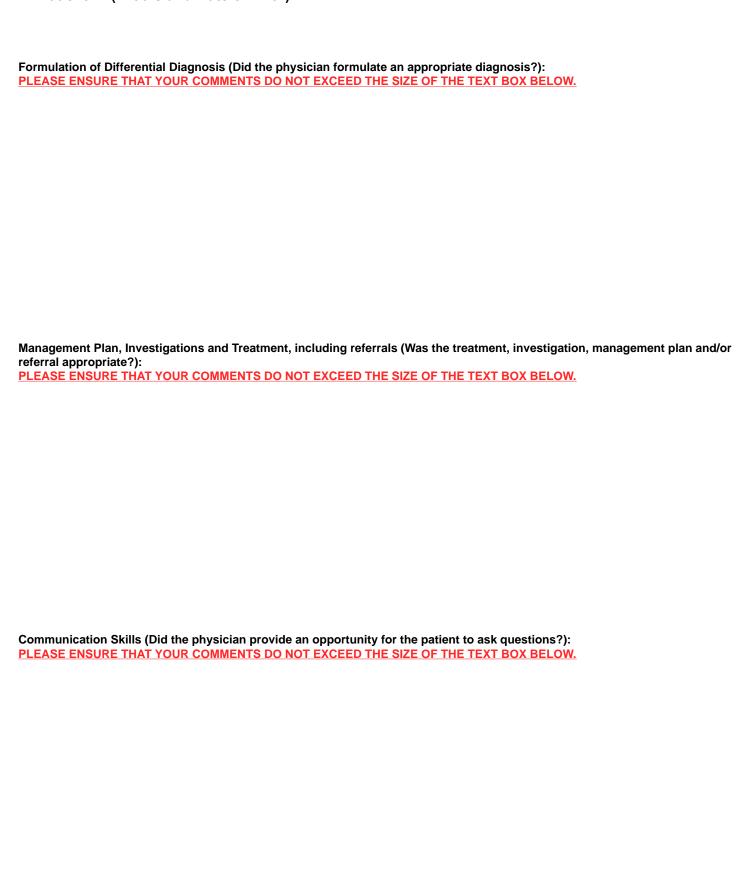
physician's actions in dealing with each patient.	
Physician Name:	
#7 Patient ID (Initials and Date of Birth):	
Chief Presenting Problem: PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.	

Initial History and Greeting of the Patient (Was there good rapport with the patient, and were history and questions appropriate?): PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Patient Examination (Was the exam appropriate to the problem?):



#7 Patient ID (Initials and Date of Birth):



Practice Assessment Repo	Assess	ment F	≀ebor
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Clinical Observation Form

Please consider the evidence found during the on-site visit regard	ding the appropriateness of the
physician's actions in dealing with each patient.	

Physician Name:

#8 Patient ID (Initials and Date of Birth):

Chief Presenting Problem:

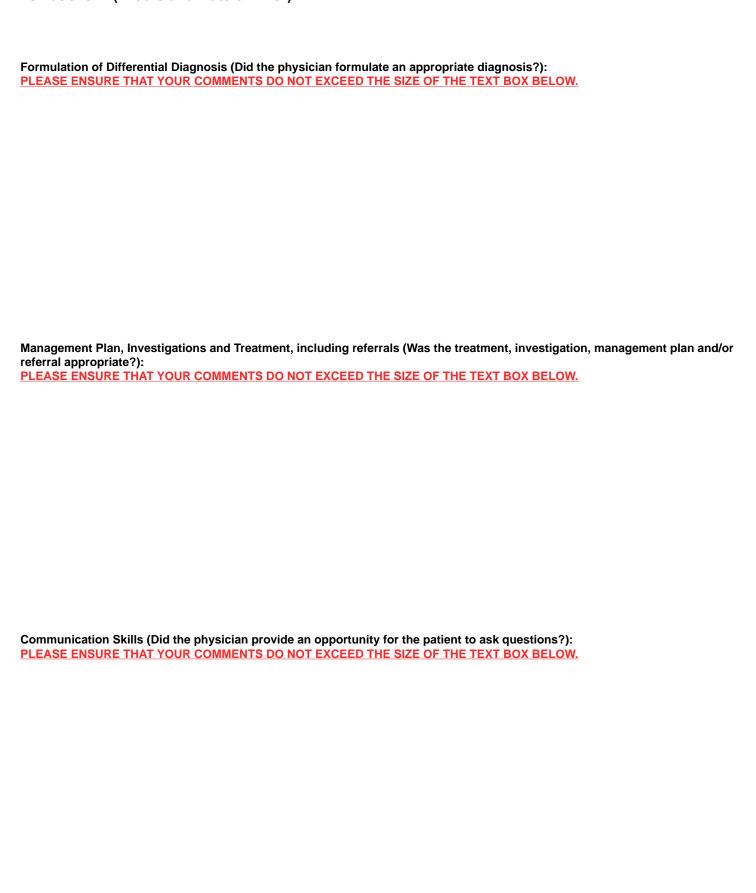
PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Initial History and Greeting of the Patient (Was there good rapport with the patient, and were history and questions appropriate?): PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Patient Examination (Was the exam appropriate to the problem?):



#8 Patient ID (Initials and Date of Birth):



Practice Assessment Repor	Pra	acti	ce A	Asse	ssme	nt	Rei	oor
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Clinical Observation Form

Please consider the evidence found during the on-site visit regard	ding the appropriateness of the
physician's actions in dealing with each patient.	

Physician Name:

#9 Patient ID (Initials and Date of Birth):

Chief Presenting Problem:

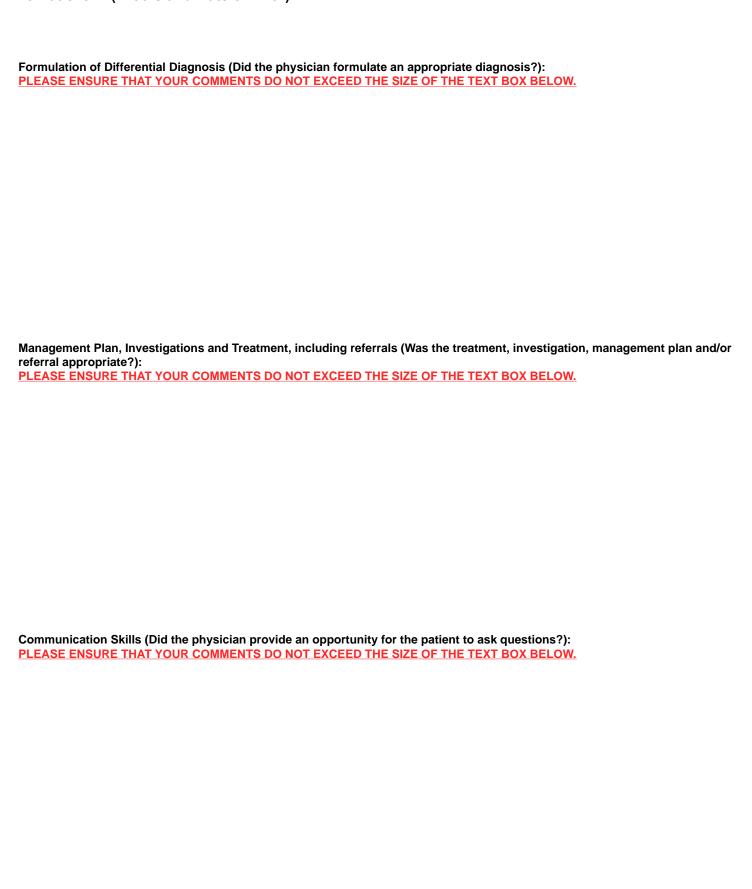
PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Initial History and Greeting of the Patient (Was there good rapport with the patient, and were history and questions appropriate?): PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Patient Examination (Was the exam appropriate to the problem?):



#9 Patient ID (Initials and Date of Birth):



Practice Assessment Repo	Assess	ment F	≀ebor
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Clinical Observation Form

Please consider the evidence found during the on-site visit regarding the approp	riateness of the
physician's actions in dealing with each patient.	

Physician Name:

#10 Patient ID (Initials and Date of Birth):

Chief Presenting Problem:

PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Initial History and Greeting of the Patient (Was there good rapport with the patient, and were history and questions appropriate?): PLEASE ENSURE THAT YOUR COMMENTS DO NOT EXCEED THE SIZE OF THE TEXT BOX BELOW.

Patient Examination (Was the exam appropriate to the problem?):



#10 Patient ID (Initials and Date of Birth):

