VICTORIA MEDICAL FOUNDATION
PEER REFERENCE FORM

PEER REFERENCE FOR: _____

1. Number of years I have known this practitioner: _____

   We are:

   ☐ Social friends

   ☐ Colleagues from medical/nursing school

   ☐ Internship or residency

   ☐ Professional associates

   ☐ Practice partners

   ☐ Other (explain)

   _____

2. Have you had the opportunity to observe this practitioner's practice, skills, and competence within the past two years?

   ☐ Yes

   ☐ No

   If yes, in what capacity:_____

3. For the following categories, please rate this practitioner:

PATIENT CARE	Very Good	Average	*Fair/ Poor	*Unable to Evaluate
Makes informed decisions & therapeutic decisions based on patient information, current scientific evidence and clinical judgment	☐	☐	☐	☐
Uses consultants and referrals appropriately	☐	☐	☐	☐

Provides necessary information	☐	☐	☐	☐
MEDICAL KNOWLEDGE / TECHINCAL SKILL				
Uses information technology to optimize care.	☐	☐	☐	☐
Knows basic and clinical sciences appropriately.	☐	☐	☐	☐
Demonstrates appropriate skill level for treatment/procedures provided	☐	☐	☐	☐
INTERPERSONAL & COMMUNICATION SKILLS				
Communicates effectively with patients and families	☐	☐	☐	☐
Is responsive across a broad range of socioeconomic/cultural backgrounds	☐	☐	☐	☐
Communicates effectively with physicians and/or other health care professionals	☐	☐	☐	☐
PROFESSIONALISM				
Accepts responsibility for patient care, including continuity of care	☐	☐	☐	☐
Demonstrates integrity, honesty, compassion, and empathy	☐	☐	☐	☐
Demonstrates high standards of ethical behavior	☐	☐	☐	☐

5. Are you aware of any health problems (including disability, emotional instability, alcohol or drug problems) which might affect this practitioner's ability to care for patients?

☐ Yes*

☐ No

6. To your knowledge, has this practitioner attempted procedures beyond his/her skills or training?

☐ Yes*

☐ No

If any questions have been answered indicating an "*", please explain on a separate sheet. Please feel free to add additional comments or information you feel would benefit the Victoria Medical Foundation in making a determination about this applicant. If you prefer to discuss this applicant's qualifications with a member of our organization you may either call the Victoria Medical Foundation office at (361) 582-0505, or indicate the best time for us to contact you:

Name: _____

Signature: _____ Date: _____

Please save/download completed form and submit to:
amandab@victoriamedical.org