



PHF MEDICAL STAFF APPRAISAL FORM

Name of Medical Staff Appraised: _____ Date: _____

Medical Director's review of staff's character, qualifications and ethical standards:

QCM staff(s) review of documentation of services:

QCM Psychiatrist(s) review of quality of care and treatment provided:

Peer Review Process results for psychiatry:

PHF staff(s) review (including but not limited to nursing, social services, recreational therapist, and recovery assistants) of current practices, ability to work with others, and quality of patient care:

Public Health staff(s) consultation/review of internist documentation and quality of care (if applicable):

Signature of PHF Medical Director: _____ Date: _____