

****CONFIDENTIAL****

YUKON-KUSKOKWIM HEALTH CORPORATION

MEDICAL STAFF PEER REVIEW REFERRAL FORM

All information provided on this sheet is confidential and protected under AS.18.23.010

This form is to be used for determining whether or not this occurrence needs to be peer reviewed. These determinations are made by the YKHC Medical Staff QI Committee Chair &/ or the YKHC Clinical Director

Section A – Occurrence Information

What Occurred and what Question(s) would you like the committee to answer? (if you need additional space please use the back of this form):

Section B – Patient Information

Patient Name: _____

Patient Chart # _____ Patient DOB: _____

Section C – Practitioner Information

Practitioners Involved: _____

Location of Occurrence: _____

Date of Occurrence: _____

Section D – Referring Information

Person Making Referral (Please Print): _____

Signature: _____ Date: _____

Would you prefer to remain anonymous from the peer reviewer (circle one)? YES NO

Section E – Route to the Clinical Director or the Medical Staff QI Committee Chair

Peer Review Warranted? YES NO If, yes forward to the Medical Staff Coordinator for assignment
If, no discuss follow-up on back and forward to the Medical Staff Coordinator for filing

Signature Title Date