

Concern Card

Reason for Concern *(Question 1 of 5 - Mandatory)*

My concerns about the performance and/or professional behavior of this physician are based on: (please check)

- Critical Incident (a single adverse event important enough to cause significant concern)
- Gut level reaction (one or more uncomfortable performance issues or behaviors)
- Series of "red flags" (a series of adverse behaviors/performances that, taken together, are significant enough to cause concern)

Concern Comments *(Question 2 of 5)*

Comments:

Discussed With Physician *(Question 3 of 5 - Mandatory)*

I have discussed my concerns with the physician.

- Yes No

Discomfort with discussion of concern *(Question 4 of 5 - Mandatory)*

I feel uncomfortable discussing my concerns with the physician.

- Yes No

Call about concern *(Question 5 of 5 - Mandatory)*

Please call me about these concerns.

- Yes No

Review your answers in this evaluation. If you are satisfied with the evaluation, click the **SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes.**