



Legacy Health

Physician Support Services

1650 NW Naito Pkwy Suite 185
Portland, Oregon 97209
(503) 525-7660

Dear Practitioner,

As of April 1, 2017, the Medical Staffs associated with Legacy Health have implemented new system-wide medical staff policy for late career practitioners who are age 70 and above that request or have clinical privileges within our facilities.

The adoption of this policy is many years in the making. Legacy Emanuel Medical Staff had initially adopted a policy back in 2011. Since that time, a system-wide task force has been meeting to define a policy and associated processes to ensure our late career practitioners can be reasonably assessed in a manner that ensures both patient safety and physician wellness. The Medical Staff taskforce has therefore come up with a three-part assessment that will be required as part of the application for initial appointment or reappointment for all practitioners on or after the age of 70, who request clinical privileges to assess clinical competency. Additional assessments will be required every two years.

Below is an outline of the new policy's requirements:

- An assessment by an Occupational Medicine Specialist (or practitioner with similar qualifications such as primary care physician) to assess physical capacity.
- A mental capacity evaluation by a Neuropsychologist (or practitioner with similar qualifications). This exam includes completion of the MicroCog online testing tool with a follow-up assessment by a Neuropsychologist.
- An expanded peer review assessment

The medical staff will cover the cost of the MicroCog Assessment and evaluation and believes a physical assessment, should be covered under by your health insurance. We understand this is a significant change and therefore are sending this letter to you six months in advance of your reappointment in an effort to provide you adequate time to complete these requirements. Attached is the policy and required documents necessary to complete these requirements.

We thank you in advance for your cooperation in adhering to this new policy .Should you have questions, you are welcome to me at (503) 525-7656 for assistance or connect directly with any of your medical staff leaders.

Sincerely,

A handwritten signature in cursive script that reads "Megan Veliquette".

Megan Veliquette, CPCS
Manager, Medical Staff Services
Legacy Health

Enclosures

**Legacy Health
Medical Staff Policy**

Origination Date: MQ&C LEMC 10/20/2011; System-wide Adoption 8/18/16

Last Review Date:

Page 1 of 3

SECTION:

TITLE: Late Career Practitioners

Policy:

It is the policy of the Medical Staff that the Credentials Committee specifically considers, on an ongoing basis, the abilities, competencies, and health status (ability to perform) of each practitioner who has clinical privileges in accordance with the Medical Staff bylaws and policies and procedures related to clinical privileging. This policy was implemented for all practitioners age 70 and older and can be utilized for practitioners under the age of 70 for reasonable cause.

Procedure:

1. Upon application for initial appointment or reappointment on or after the age of 70, or upon the request of the Credentials Committee for reasonable cause regardless of age, each practitioner requesting clinical privileges shall, as a required element of his/her application, undergo the following examinations. A list of approved practitioners is provided (see Appendix D for list and instructions.) These examinations are required every 2 years after initial evaluation after age 70.
 - a. By an Occupational Medicine Specialist (or practitioner with similar qualifications such as primary care physician) to assess their physical capacity. Cost of this exam should be covered by the practitioner's health insurance.
 - b. By a Neuropsychologist (or practitioner with similar qualifications) to assess their mental capacity for the privileges requested. This exam includes completion of the MicroCog online testing tool with a follow-up assessment by a Neuropsychologist. The Hospital's Medical Staff will cover the cost of this test and evaluation. However, if additional assessments are recommended, these will be at the practitioner's own expense.
2. The outcome must be documented on the approved form (see Appendix B) and submitted by the date requested by the Credentials Committee.
3. The examinations are a "fitness-to-work" evaluation, which consists of two parts: cognitive and physical assessment. The examination must indicate that the practitioner has no physical or mental problems that may interfere with the safe and effective provision of care permitted under the privileges granted. Findings that have the potential to interfere with the safe and effective provision of care under the privileges requested will be assessed by the Credentials Committee and will be processed in accordance with the Medical Staff bylaws, including adherence to state or federally mandated reporting requirements.
4. During the initial appointment or reappointment process, the MSS will send out the "Expanded Peer Reference Form" every 2 years concurrent with the same year the physical and neuropsychiatric evaluations are due.
5. In addition, a practitioner may be required to undergo a focused review of his/her clinical performance as part of the assessment of his/her capacity to perform requested privileges. Such focused review may be required in the absence of any previous performance concerns. The scope and duration of the focused review shall be determined by the Credentials Committee.
6. After receipt of the completed examination, if the Credentials Committee determines further action needs to be taken concerning the practitioner's Medical Staff membership and clinical privileges (in accordance with Medical Staff Bylaws), a recommendation will be forwarded to the Medical Executive Committee (MEC) and Board for approval.

Responsibility of the Medical Staff Services Department:

1. Upon application for initial appointment or reappointment on or after reaching the age of 70, or for reasonable cause, the Medical Staff Services Department (MSS) will notify affected practitioners of the requirement for the physical and mental examination in accordance with the aforementioned policy.
2. The notification from the MSS will include:
 - A. A copy of this policy.
 - B. A copy of the approved form upon which the examination must be documented (Appendix B).
 - C. The date that the results of the examination are due to MSS.
 - D. A copy of the current clinical privileges held or requested by the practitioner.

3. MSS will send out the “Expanded Peer Reference Form” every 2 years concurrent with the same year the physical and neuropsychiatric evaluations are due.
4. Upon receipt of the examination results, the Medical Staff President or Credentials Committee Chair (or designees) will review the information.
 - a. It is the expectation of the Legacy Health Board of Directors, that the Medical Executive Committees and Credentials Committees will consider all elements of a practitioner’s results when determining the capacity of the individual to perform the requested privileges. Each element of the review (physical examination, microcog assessment, expanded peer review, focused review (if performed), and any other relevant information on the practitioner) will be considered in aggregate to create an informed view of the capacity of the individual to perform the required privileges.
 - b. If findings do not identify a potential issue with the safe and effective provision of care under the privileges requested, the results will be filed in the practitioner’s confidential file in the MSS Office.
 - c. However, if in the opinion of the Medical Staff President or Credentials Committee Chair (or designees), there is a potential issue with the safe and effective provision of care under the privileges requested, the examination results will be shared with the Credentials Committee for recommendation.
5. If a required examination is not obtained within 90 days of notification, the practitioner will be considered to have voluntarily relinquished his or her clinical privileges and any application for reappraisal/reappointment will not be processed further.

Appendixes:

1. A: Elements of a Screening Evaluation(s)
2. B: Screening Physical Evaluation Report Form(s)
3. C: Health Professional Intake Form
4. D: Instruction Sheet for Practitioner
5. E: List of suggested practitioners

References: Review of the following sources indicate some type of increased evaluation for late career practitioners.

1. Credentialing Resource Center BLOG Dated 03/22/10 <http://blogs.hcpro.com/credentialing/2010/03/free-policy-aging-practitioners/>
2. The Greeley Company, The Top Ten Medical Staff Policies and Procedures, Fourth Edition: Physical Assessment of Practitioners over the Age of [n]
3. Journal of Continuing Education in the Health Professions. 30(3):153-60, 2010. UI: 20872769: Aging and cognitive performance: challenges and implications for physicians practicing in the 21st century.
4. Journal of the American College of Surgeons. 211(3):303-7, 2010 Sep. UI: 20800185: Cognitive functioning, retirement status, and age: results from the Cognitive Changes and Retirement among Senior Surgeons study.
5. Journal of the American College of Surgeons. 209(5):668-671.e2, 2009 Nov. UI: 19854410: Results from the cognitive changes and retirement among senior surgeons self-report survey.
6. Psychology & Aging. 24(3):563-73, 2009 Sep. UI: 19739912: The role of occupational complexity in trajectories of cognitive aging before and after retirement.
7. Neurosurgery. 65(2):231-5; discussion 235-6, 2009 Aug. UI: 19625900: Neurosurgeon transition to retirement: results of the 2007 Congress of Neurological Surgeons Consensus Conference. [13 refs]
8. American Journal of Geriatric Psychiatry. 17(6):445-54, 2009 Jun. UI: 19461256: The aging physician with cognitive impairment: approaches to oversight, prevention, and remediation. [Review] [38 refs]
9. Clinical Orthopaedics & Related Research. 467(2):402-11, 2009 Feb. UI: 18975041: The problem of the aging surgeon: when surgeon age becomes a surgical risk factor.
10. Medical Journal of Australia. 189(11-12):622-4, 2008 Dec 1-15. UI: 19061450: Knowing - or not knowing - when to stop: cognitive decline in aging doctors.
11. Journal of the American College of Surgeons. 207(1):69-78; discussion 78-9, 2008 Jul. UI: 18589364: Cognitive changes and retirement among senior surgeons (CCRASS): results from the CCRASS Study.
12. CMAJ Canadian Medical Association Journal. 178(9):1121-3, 2008 Apr 22. UI: 18427079: Diagnosing the aging physician.
13. Canadian Journal of Gastroenterology. 22(2):125-7, 2008 Feb. UI: 18299728: Mandatory retirement for gastroenterologists: a viewpoint.
14. Annals of Internal Medicine. 142(4):260-73, 2005 Feb 15. UI: 15710959: Systematic review: the relationship between clinical experience and quality of health care. [Review] [79 refs][Summary for patients in Ann Intern Med. 2005 Feb 15;142(4):i54; PMID: 15710955]
15. Archives of Clinical Neuropsychology. 20(2):161-70, 2005 Mar. UI: 15708726: A retrospective review of the neuropsychological test performance of physicians referred for medical infractions.
16. Journal of Neurosurgery. 100(6):1123-9, 2004 Jun. UI: 15200137: To everything there is a season and a time to every purpose: retirement and the neurosurgeon.
17. Academic Medicine. 77(10 Suppl):S1-6, 2002 Oct. UI: 12377689: The aging physician: changes in cognitive processing and their impact on medical practice. [Review] [76 refs]
18. Connecticut Medicine. 66(9):539-42, 2002 Sep. UI: 12369548: Challenges for the aging physician. [Review] [47 refs]
19. Archives of Otolaryngology -- Head & Neck Surgery. 125(3):263-8, 1999 Mar. UI: 10190796: Otolaryngologists older than 60 years: results of and reflections on survey responses from 865 colleagues regarding retirement.
20. Journal of Medical Regulation. Vol 99, N° 1: Approaching the Issue of the Aging Physician Population
21. American College of Physician Executives. PEJ July-August/2013: Cognitive Assessment in the Practice of Medicine – Dealing with the Aging Physician.
22. Stanford Hospital/Lucile Packard Children’s Hospital. August 2012: Late Career Practitioner Policy.
23. Stanford Hospital/Lucile Packard Children’s Hospital. 8/3/12: Late Career Practitioner Policy FAQs.

24. Stanford Hospital and Clinics/Lucile Packard Children's Hospital: August 2011. Health and Well Being of Medical Staff and Physicians-in-Training Policy.
25. Lucile Packard Children's Hospital. Mar 2013: Code of Professional Behavior of Medical Staff and Physicians-in-Training Policy.
26. University of California San Diego Pace Program. Intake version 5, updated 27 Sept. 05: Health Professional Intake Data Form.
27. Protomag-Massachusetts General Hospital. Spring 15: Out of Practice
28. Medscape. October 28, 2015: Should Doctors Be Tested for Competence at Age 65?
29. The Journal of the American Medical Association. December 28, 2015: The Graying of US Physicians: Implications for Quality and the Future Supply of Physicians
30. American College of Surgeons. January 1, 2016: Statement of the Aging Surgeon
31. Providence Health & Services. January 2015: Late Career Health Assessment – Note to the Examining Physician
32. Providence Health & Services. June 24, 2015: Late Career Practitioner Assessment
33. Providence Health & Services. August 5, 2015: Late Career Practitioner Assessment
34. Providence Health & Services. January 2015: Clinical Core Competencies Evaluation Form
35. PeaceHealth Southwest Medical Center. January 8, 2016: Procedure for Reappointment

Originator/Owner: Medical Staff Services

Approval: LEMC Credentials Committee 8/4/11, Medical Executive Committee 8/22/11 and 9/26/11. Legacy Health MQ&C 10/20/11
System-Wide Approval 8/16/16



Legacy Health

Appendix A: Elements of Screening Physical Assessment of Practitioners

NOTE TO THE EXAMINING PHYSICIAN:

The following elements of a medical evaluation, including history, physical examination and laboratory assessment, should be modified as appropriate to address the age, clinical condition, and privileges requested by the practitioner.

Therefore please be sure to review the practitioner's requested privileges before conducting this evaluation.

In order to respect the confidentiality of the practitioner's medical information, the medical staff does not expect you as the examining physician to submit the complete results of your medical evaluation. The medical staff is only interested in, and should only receive a report on, those aspects of the practitioner's health that have the potential to adversely affect their ability to carry out the requested privileges. Please use the form attached to this document in submitting the results of your assessment to the medical staff rather than submitting a complete history and physical examination.

Physical Fitness to Work Evaluation

-
- Complete form
- Comprehensive physical exam to include hearing and vision (if indicated)
- Full set of vital signs

Neuropsychiatric Evaluation

- History
- Mental Status and Activities
 - Gross cognitive functioning
 - Attention and concentration
 - Memory functioning
 - Language functions
 - Reasoning/judgment
 - Emotional functioning
- Procedures
- Test Results
- Impression and Discussion



Legacy Health Screening Physical Evaluation Report Form – Appendix B

Practitioner: _____ Date of Examination: _____

In the history are there symptoms or conditions that raise concern about this clinician’s ability to consistently perform the requested privileges in a safe and effective manner?

No: _____ Yes: _____ If yes, please elaborate below

In the examination are there findings that raise concern about this clinician’s ability to consistently perform the requested privileges in a safe and effective manner?

General: No: _____ Yes: _____ If yes, please elaborate below

Sensory: No: _____ Yes: _____ If yes, please elaborate below

Neurological: No: _____ Yes: _____ If yes, please elaborate below

Tests and studies performed on this clinician raise concern about this clinician’s ability to consistently perform the requested privileges in a safe and effective manner:

No: _____ Yes: _____ If yes, please elaborate below

Do you have any recommendations for further study or evaluation?

No: _____ Yes: _____ If yes, please elaborate below

I attest that I have performed a complete history and physical examination including a neurological and cognitive/mental status assessment on this practitioner, and that I have reviewed the clinical privileges requested by this practitioner.

It is my professional opinion that this practitioner:

- _____ Is capable of safely performing all privileges requested
- _____ Is capable of safely performing all privileges requested except those detailed below
- _____ Is not capable of safely performing the clinical privileges requested
- _____ Requires further evaluation regarding issues or concerns below
- _____ Requires proctoring for further evaluation

Details/Concerns (attach a separate document if more space is needed) – In addition, please attach your full dictated report.

By signing below, I attest this exam has been completed according to Appendix A – “Elements of Screening Physical Assessment of Practitioners” and that I have reviewed Appendix C – “Health Professionals Intake Form”.

Signature: _____ Date: _____

Print Name: _____

Return form to: Legacy Medical Staff Services, 1650 NW Naito Pkwy Suite # 185 Portland, OR 97209, fax 503-525-7650



Legacy Health

Screening Neuropsychiatric Evaluation Report Form – Appendix B

Practitioner: _____ Date of Examination: _____

In the history are there symptoms or conditions that raise concern about this clinician's ability to consistently perform the requested privileges in a safe and effective manner?

No: _____ Yes: _____ If yes, please elaborate below

In the examination are there findings that raise concern about this clinician's ability to consistently perform the requested privileges in a safe and effective manner?

No: _____ Yes: _____ If yes, please elaborate below

Tests and studies performed on this clinician raise concern about this clinician's ability to consistently perform the requested privileges in a safe and effective manner:

No: _____ Yes: _____ If yes, please elaborate below

Do you have any recommendations for further study or evaluation?

No: _____ Yes: _____ If yes, please elaborate below

I attest that I have performed a complete history including a neurological and cognitive/mental status assessment on this practitioner, and that I have reviewed the clinical privileges requested by this practitioner.

It is my professional opinion that this practitioner:

- _____ Is capable of safely performing all privileges requested
- _____ Is capable of safely performing all privileges requested except those detailed below
- _____ Is not capable of safely performing the clinical privileges requested
- _____ Requires further evaluation regarding issues or concerns below
- _____ Requires proctoring for further evaluation

Details/Concerns (attach a separate document if more space is needed) – In addition, please attach your full dictated report.

By signing below, I attest this exam has been completed according to Appendix A – "Elements of Screening Physical Assessment of Practitioners" and that I have reviewed Appendix C – "Health Professionals Intake Form".

Signature: _____ Date: _____

Print Name: _____

Return form to: Legacy Medical Staff Services, 1650 NW Naito Pkwy Suite # 185 Portland, OR 97209, fax 503-525-7650



Legacy Health Professionals Intake Form – Appendix C

Personal Information:

1. Today's date: _____
2. Name (please print clearly): _____
3. DOB (mm/dd/yy): _____
4. ID#: _____
5. State License #: _____ DEA#: _____
6. Sex (circle one): Male Female
7. Cultural Background (circle one):

White	Native American	Chinese	Arab
Black	South Asian	Japanese	Eastern European
Hispanic	Persian	Korean	Vietnamese
Pacific Islander Other: _____			
8. First Language (circle one):

English	Mandarin	Italian	Korean
Spanish	Cantonese	German	Tagalog
French	Vietnamese	Portuguese	Farsi
Japanese	Other: _____		
9. Second Language (circle one):

English	Mandarin	Italian	Korean
Spanish	Cantonese	German	Tagalog
French	Vietnamese	Portuguese	Farsi
Japanese	Other: _____		
10. Where did you first learn English? (circle one)

Home	Graduate/Medical School
Primary School	Work
High School	Television/Movies/Media
College	Other: _____
11. At what age did you first start to learn English? _____
12. What language do you primarily use at work? _____
13. What language do you primarily use at home? _____
14. Please provide an estimate of the breakdown of your patient population by ethnic background:

White _____%	Asian/Pacific Islander _____%	Native American _____%
Hispanic _____%	Black _____%	Middle Eastern _____%
Other ethnicity _____%		

 - a. What percentage of the time do you use a translator? _____%

15. Please estimate patient population by sex: Male: _____% Female: _____%
16. Please estimate patient population by age:
 0-17 yrs old _____% 18-30 yrs old _____%
 31-54 yrs old _____% 55-74 yrs old _____% 75 yrs or older _____%
17. Current marital status (circle one):
 Married/domestic partnership Single Separated Divorced
18. How many times have you been married: _____
19. Year(s) in which you were married or lived in a committed relationship (e.g. 1974-1977, 1989, 1990-1995):

School and Residency Information:

20. Have you ever been diagnosed with a learning disability? (circle one) Yes No
21. If yes, did you ever receive school accommodations to help with your disability? (circle one) Yes No
22. Have you ever been prescribed medicine to help with your disability? (circle one) Yes No
23. If yes, what medication were you prescribed? (circle all that apply)
 Methylphenidate (Ritalin) Pemoline (Cylert) Dextroamphetamine-amphetamine (Adderall)
 Tricyclics Other: _____
24. What year did you take the NBME certifying exam or UMSLE? (or ECFMG for foreign medical graduates)?

 If you did not complete a residency program, check here. _____
25. From which college did you graduate (if international, please also list city and country)?

26. From which medical training program did you graduate (if international, please also list city and country)?

27. What is your degree? (circle all that applies) MD DO DPM DMD DDS PA NP CNM
28. What year did you graduate? _____
29. Did you receive any additional graduate education? (circle one) Yes No
30. If yes, in what field did you receive your degree? (circle all that apply)
 MPH Masters PhD Other: _____
31. Did you experience any behavioral or disciplinary problems in your medical training program? If yes, please explain. _____

32. Did you experience any academic problems in your medical training program? If yes, please explain.

33. If you did a residency, how many years of residency training did you complete? _____
34. Where did you complete your residency training (if international, please list, city and country)?

35. In what specialty did you receive your residency training? (circle all that apply)
- | | | |
|-------------------|--------------------|-----------------------|
| Family Practice | Dermatology | Pathology |
| Internal Medicine | Radiology | Anesthesiology |
| Pediatrics | Neurology | Colon/Rectal Surgery |
| Psychiatry | Allergy/Immunology | Obstetrics/Gynecology |
| Surgery | Emergency Medicine | Preventive Medicine |
| Ophthalmology | Orthopedic Surgery | Medical Genetics |

Neurological Surgery	Nuclear Medicine	Otolaryngology
Physical Medicine & Rehab	Thoracic Surgery	Urology
Plastic Surgery	Podiatry	Dentistry
Psychology	Other: _____	

36. Did you ever leave or were you asked to leave a medical training program or residency program for any reason? (circle one) Yes No

37. If yes, please explain. _____

38. Are you currently certified by the American Board of Medical Specialties (ABMS) in any specialties? (circle one) Yes No (if No, skip to 45)

39. If so, which specialty and/or specialties are you board certified (select all that apply)?

Family Practice	Dermatology	Pathology
Internal Medicine	Radiology	Anesthesiology
Pediatrics	Neurology	Colon/Rectal Surgery
Psychiatry	Allergy/Immunology	Obstetrics/Gynecology
Surgery	Emergency Medicine	Preventive Medicine
Ophthalmology	Orthopedic Surgery	Medical Genetics
Neurological Surgery	Nuclear Medicine	Otolaryngology
Physical Medicine & Rehab	Thoracic Surgery	Urology
Plastic Surgery	Psychology	Other: _____

40. Primary certification: _____

41. On what date did you originally receive your board certification? _____

42. On what date did you receive your most recent board certification? _____

43. Has your certification ever expired? Yes No

44. Secondary certification: _____

45. Are you currently eligible to receive certification from the ABMS in any specialty? (circle one) Yes No

46. If yes, which specialty/specialties are you board eligible (select all that apply)?

Family Practice	Dermatology	Pathology
Internal Medicine	Radiology	Anesthesiology
Pediatrics	Neurology	Colon/Rectal Surgery
Psychiatry	Allergy/Immunology	Obstetrics/Gynecology
Surgery	Emergency Medicine	Preventive Medicine
Ophthalmology	Orthopedic Surgery	Medical Genetics
Neurological Surgery	Nuclear Medicine	Otolaryngology
Physical Medicine & Rehab	Thoracic Surgery	Urology
Plastic Surgery	Podiatry	Oral Surgery
Psychology	Other: _____	

a. Are you currently certified or eligible for any other medical board? (circle one) Yes No

b. If yes, what specialty? _____

On what date did you originally receive that board certification? _____

On what date did you receive your most recent board certification? _____

Has your certification ever expired? Yes No

47. What is the nature of your clinical practice? (circle one)
 Solo Academic Military
 Group private practice Group hospital or university Other: _____
48. What is the setting of your clinical practice? (circle one) Urban Rural
49. What is the number of staff employed at your practice? _____
50. What are their titles? _____
51. Please indicate how many employees of the following titles you have employed:
 _____ RN/NP _____ PA _____ Lab Technicians _____ Admin Assists
 _____ Medical Assistants _____ Dental Hygienists _____ Others
52. Do you currently have malpractice insurance? (circle one) Yes No
53. If yes, who is your insurance carrier? (circle one)
 Norcal MIEC SCPIE
 The Doctor's Company Other: _____
54. With which of the following do you currently share patients? (e.g. make joint management decisions) (check all that apply)
 Nurse practitioners Physician Assistants Nurse Midwives Physicians
 Dentists
55. What are your office hours? _____
56. How many patients do you see in your office per day? _____; per week? _____
57. For your most recent week of typical practice, how many hours did you spend:
 a. Seeing patients in an office or clinic? _____ hrs/week
 b. Seeing patients in hospital/not emergency room? _____ hrs/week
 c. Seeing patients in an emergency or urgent care facility? _____ hrs/week
 d. Seeing patients in nursing homes, other extended care facility? _____ hrs/week
 e. Seeing patients in home visits? _____ hrs/week
 f. Performing surgery? _____ hrs/week
 g. Administration? _____ hrs/week
 h. Teaching? _____ hrs/week
 i. Other: _____ hrs/week
58. On average, how many times a month are you on call? _____
59. With whom do you take call? University Hospital
 Other: _____ Kaiser Outpatient Clinic
60. If you are a surgeon (including dermatologists, gynecologists, etc.), how many surgeries do you perform, on average, each week? _____
61. On average, how many times per month do you seek consultation from other physicians regarding patient care and/or other practice-related matters? _____
62. On average, how many times per month do you attend Grand Rounds or other medical conferences at your community hospital or elsewhere in your community? _____
63. How many minutes per day, on average, do you spend documenting medical records? _____
64. How many hours per week do you work (including non-clinical work, record keeping, etc)? _____
65. How many days of vacation do you take per year? _____
66. What do you do for recreation/relaxation? _____
67. On average, how many hours do you sleep per night? _____
68. Does work regularly interfere with your personal life? Yes No

69. If yes, please indicate with what your work interferes: (circle all that apply)

Weekends Vacations Holidays Children's activities

Other: _____

Disciplinary questions and other related info

70. On average, how many alcoholic beverages do you consume per week? _____

71. What is your preferred alcoholic beverage? (circle all that apply)

Beer Wine Liquor Other: _____

72. Has anybody ever complained about the amount of alcohol you drink or your behavior while drinking alcohol? (If no, skip to question #75) Yes No

73. If yes, who? (circle all that applies)

Spouse/partner Family member Co-worker Boss

Other: _____

74. What year(s)? _____

75. Have you ever had any problems related to your alcohol use? (If no, skip to question #78) (circle one)

Yes No

76. If yes, what year(s)? _____

77. What was the problem? _____

78. Have you ever been in a treatment program for substance abuse problem? (If no, skip to question #80) Yes No

79. If yes, please give dates and describe the program (e.g. self referred AA, etc.):

80. Have you ever been referred to a Diversion Program? (If no, skip to question #84) Yes No

81. If yes, what year(s)? _____

82. Have you ever been referred to a hospital's Well Being Committee or Peer Review Committee? (If no, skip to question #84) Yes No

83. If yes, please explain. _____

84. On average, how many caffeinated beverages do you consume per day? _____

85. Have you ever lost or settled a malpractice case? (If no, skip to question #87) Yes No

86. If yes, how many and what was the amount awarded to each case? _____

87. Have you ever been convicted of a crime? (If no, skip to end) Yes No

88. If yes, please describe the nature of the crime and specify whether it was a felony or misdemeanor.

89. Please list any medical history (current or significant past)

90. Do you take any prescription medication? If yes, please list names. _____

91. Have you had any surgery? If yes, please list surgery type and dates. _____

92. Have you been hospitalized at any time? If yes, please give reasons and dates. _____

93. Do you have any psychiatric history, including any problems requiring hospitalization, therapy or medication?

94. Have you had any significant injuries? If yes, please give details. _____

95. Do you have any family history of Parkinson's disease, dementia (of any type), depression or anxiety?
If yes, please give details _____

The above information is true and accurate to the best of my knowledge.

Signature

Date

Occupational Medicine practitioner signature

Date

Neuropsychology practitioner signature

Date



Legacy Health

Instruction Sheet for Practitioner – Appendix D

- 1) Make an appointment for a physical examination with an approved Occupation Medicine or Primary Care provider at least 2-3 months prior to your reappointment date.
- 2) Make an appointment with an approved Neuropsychologist at least 2-3 months prior to your reappointment.
- 3) Fill out the Legacy Health Professional Intake Form and return it to the 2 practitioners noted above at least 2 weeks prior to your scheduled examinations.
- 4) Anticipate 1 hour of time for completion of your physical assessment with the Occupational Medicine or Primary Care provider. Provide a copy of the "Elements of Screening Physical Assessment of Practitioner – Appendix A" and the "Screening Physical Evaluation Report Form - Appendix B" to this provider. He/she will need to return Appendix B to Legacy Health Medical Staff Services, 1650 NW Naito Parkway Suite # 185, Portland, OR 97209.
- 5) Anticipate 1-3 hours of time for completion of your psychological assessment. This will consist of a computerized assessment tool. A second visit or other tests may be required and will be selected as necessary. Provide a copy of "Elements of Screening Physical Assessment of Practitioner – Appendix A" and the "Screening Neuropsychiatric Evaluation Report Form - Appendix B" to your Neuropsychiatric provider. He/she will need to return Appendix B to Legacy Health Medical Staff Services, 1650 NW Naito Parkway Suite # 185, Portland, OR 97209.



Legacy Health

List of Suggested* Practitioners for Physical Assessment – Appendix E

Physical Fitness to Work Evaluation*

Concentra, Inc.

3449 N Anchor St, Ste 300A

Portland, OR 97217

(503) 283-0013

12518 NE Airport Way, Ste 110

Portland, OR 97230

(503) 256-2992

2225 NW Towncenter Dr

Beaverton, OR 97006

(503) 726-1021

6405 SW Rosewood, Ste B

Lake Oswego, OR 97035

(503) 675-7603

Neuropsychiatric Evaluation

Transitions Professional Center, LLC

3735 SW River Parkway

Portland OR 97239

503-972-7090

fax 503-972-7093

psychologists@transitionspc.com

* Anyone of equal qualifications would be accepted.