

## 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.**