

Clinical Privileges Delineation for Family Practice

Name _____

Requested

Granted

Pediatrics

Routine preventative and acute care of children including immunization

Evaluation and management of children and adolescents with condition/problem with no serious threat to life with or without local complications of minimal severity

Other _____

Adult Medicine

Routine preventative and acute care of adults

Evaluation and management of medical conditions of low complexity, such as uncomplicated pneumonia

Evaluation and management of medical conditions of moderate complexity, such as pneumonia complicated by COPD and Hyperglycemia

Pre and post operative medical consultation

Other _____

Other _____

Cardiovascular

EKG Interpretation

CPR

Other _____

Dermatology

Skin Biopsy

Foreign Body Removal

Laceration Repair

Incise, drain, excise abscess

Cryotherapy



| | | |
|-------|-------|---|
| _____ | _____ | Soft tissue injection |
| _____ | _____ | Toenail removal |
| _____ | _____ | Burn management |
| _____ | _____ | Skin neoplasia management and treatment |
| _____ | _____ | Other _____ |

Requested Granted

| | | |
|-------|-------|--|
| _____ | _____ | Gynecology |
| _____ | _____ | Evaluation and management of gyn problems of low and moderate severity |
| _____ | _____ | Routine preventive gynecology care |
| _____ | _____ | Other _____ |

| | | |
|-------|-------|-------------------------|
| _____ | _____ | HEENT |
| _____ | _____ | Foreign body removal |
| _____ | _____ | Remove impacted cerumen |
| _____ | _____ | Packing of epistaxis |
| _____ | _____ | Other _____ |

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|-------|-------|---|
| _____ | _____ | Orthopedics |
| _____ | _____ | Joint aspirations/injection |
| _____ | _____ | Bursa aspiration/injection |
| _____ | _____ | Splint/cast/manage uncomplicated fractures/dislocations |
| _____ | _____ | Ganglion cyst aspirations |
| _____ | _____ | Other _____ |

| | | |
|-------|-------|---------------------------|
| _____ | _____ | Pulmonary |
| _____ | _____ | Spirometry interpretation |
| _____ | _____ | Other _____ |

| | | |
|-------|-------|---|
| _____ | _____ | Fecal occult blood testing/interpretation |
| _____ | _____ | Other _____ |

