River Park Hospital

REQUEST FOR PRIVILEGES IN PSYCHIATRY

PHYSICIAN: _____ DATE: _____

CATEGORY OF PRIVILEGES REQUESTED: _____ Active _____ Courtesy _____ Temp

Requested (Please Check as applicable)	Recom-mended by MEC	Not Recom-mended by MEC	Recom-mended with Supervision by MEC	Approved by Governing Board	Comments
Psychiatry – Children (Age 4 – 11) __ Assessment __ Pharmacotherapy __ Behavior Therapy __ Individual Therapy __ Family Therapy __ Group Therapy __ Seclusion/Restraint __ Detox Management					
Psychiatry – Adolescent (Age 12 – 17) __ Assessment __ Pharmacotherapy __ Behavior Therapy __ Individual Therapy __ Family Therapy __ Group Therapy __ Seclusion/Restraint __ Detox Management					
Psychiatry – Adult (Age 18 - 64) __ Assessment __ Pharmacotherapy __ Behavior Therapy __ Individual Therapy __ Couples/Marital Therapy __ Family Therapy __ Group Therapy __ Seclusion/Restraint __ Detox Management					
Psychiatry – Geriatrics (Age 65 and older) __ Assessment __ Pharmacotherapy __ Behavior Therapy __ Individual Therapy __ Couples/Marital Therapy __ Family Therapy __ Group Therapy __ Seclusion/Restraint __ Detox Management					
Specialized					
Hypnotherapy					
Neuro-Psychological Testing					
Forensic Testing					
History & Physicals					

Applicant Signature: _____ Date: _____

Medical Executive Committee: _____ Date: _____

Governing Board Approval: _____ Date: _____