



## Privileges in Neurology Service

Physician name: .....

**Education/Training** Successful completion of an accredited Residency/Fellowship  
In **Neurology Service** or equivalent Training.

AND

Current certification or active participation in the examination  
Process leading to certification in **Neurology Service** from any Equivalent training/board.

**Provide care for patients in specific areas of Al Kindi hospital**

**Core Privileges**

<b>Request</b> <input type="checkbox"/>	<b>Request all privileges listed below.</b> Uncheck any privileges that you do not want to request	<b>Service Chief Rec</b> <input type="checkbox"/>
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**Privileges included in the Core:**

<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, perform history and physical, and provide non-surgical treatment to patients presenting with illnesses or injuries of the neurologic system including:	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Tensilon test	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Lumbar puncture	<input checked="" type="checkbox"/>

**Neurology Core Privileges**

<b>Request</b> <input type="checkbox"/>	<b>Request all privileges listed below.</b> Uncheck any privileges that you do not want to request	<b>Service Chief Rec</b> <input type="checkbox"/>
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**Privileges included in the Core:**

<input checked="" type="checkbox"/>	Privileges to admit, evaluate, diagnose, consult, and provide treatment to patients presenting with cognitive, behavioral, or emotional disorders	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Consultation with physicians in other fields regarding mental, behavioral, emotional, and geriatric psychiatric disorders	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Providing individual, group and family therapy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Behavior modification	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Consultation to the courts	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Emergency psychiatry	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Chemical dependency intervention and therapy	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Administration of psychological and neuropsychological tests	<input checked="" type="checkbox"/>

**Additional Privileges:**

<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>

Physician signature :-----

Approved By:- -----

Medical director signature: -----

Date:-----