

ETHICS COMMITTEE CONSULTATION—REQUEST

Completion of this form is the initial step to facilitating a consultation by the Ethics Committee. A consultation may be requested when serious ethical concerns are identified by the patient, family member, person with a significant relationship to the patient; a nurse, physician or any other clinical hospital employee.

Name of Patient: _____ Date: _____ Time: _____

Name of Requestor: _____ Phone Number: _____

Relationship to Patient: _____

Does the requestor want their name to remain confidential? Y N

Is the attending Provider aware of this request for an ethics consult? Y N

If not, why not? _____

Is the Primary Care Provider aware of this request for an ethics consult? Y N

If not, why not? _____

1. Please clearly state the issue you want addressed:

2. Describe in further detail your concerns about the issue:

This form should be submitted to one of the following who will then forward to the Chairperson of the Ethics Committee:

- Spiritual Care Coordinator
- Department Director/Manager
- House Supervisor
- Risk Manager

