

Street Address City, State Zip (202) 555 - 1212

ETHICS CONSULTATION

- ► Complete Section I
- Call the Ethics Committee Chairperson
 -or- Vice President of Mission Integration

CONFIDENTIAL



This information is CONFIDENTIAL. Please hand deliver to the Chairman of Ethics or VP Mission

ETHICS CONSULTATION

INSTRUCTIONS:	Please complete Section I and call the Chairman of Ethics or Vice President of Mission Integration to determine if further evaluation is necessary.					
SECTION I:	Consult Initiation					
	☐ ADULT	☐ OBSTETE	RICAL	□ NEONATAL		
PATIENT NAME:			MR #:		ROOM #:	
REASON FOR CONSULT:			<u> </u>		l	
CONSULT REQUESTED BY:	Name		Title	DATE / TIN	IE:	
REQUESTOR RELATIONSHIP WITH PATIENT:	PRIMARY PHYSICIAN:	CONSULTING PHYSICIAN:	□ NURSE	☐ FAMILY	OTHER (Identify below)	
INSTRUCTIONS	To be completed	by Nursa Director /	Managar in offe	antad area		
INSTRUCTIONS: SECTION II:	Demographics / His	by Nurse Director / . tory	wanager in and	ecteu area.		
GEOTION II.	AGE:	SEX:	RELIGION:			
	ADVANCE			VER OF ATTORNEY		
PATIENT'S / RESIDENT'S HIST						
PATIENT'S / RESIDENT'S WISH	HES					
(IF KNOWN):						
FAMILY MEMBERS INVOLVED	:					
ADDRESS:						
FAMILY MEMBER'S WISHES:						

HEALTH CARE TEAM	:					
ATTENDING PHYSICIAN:		CONSULTANTS:	CONSULTANTS:			
PRIMARY NURSE:		SOCIAL WORKER:				
OTHER:						
OPINIONS:						
SECTION III:	Ad Hoc Committee Form	Ad Hoc Committee Formed				
☐ YES	FACILITATOR:					
□ NO	WHY?:					
		ACTION DATE:				
AD HOC COMMITTEE	TEAM.					
PHYSICIAN:		ADMINISTRATOR:				
NURSE:		LEGAL CONSULTANT:				
CLERGY:		CONSULTANT:				
SOCIAL WORKER:		CONSUMER:				
MISSION INTEGRATION:		OTHER:				
		J				
SECTION IV:	Recommendation Proces					
DESCRIBE THE ETHICS	COMMITTEE'S INTERACTIONS W/ HE/	ALTH CARE TEAM, PATIENT & FAMILY:				
RECOMMENDATIONS:						
MINORITY OPINIONS:						
WINVOIGHT OF INVIOLOG						
OUTCOME:						
FACILITATOR:						
COMMITTEE CHAIRMAN	:	DATE:	_			