

Consultation #: For Office Use Only

****Confidential****

Ethics Consult Request Form – Clinical

Clinical Guidelines http://www.gov.pe.ca/photos/original/mrc_clin_eth_gd.pdf

Within 3 business days 3-10 business days within 3 weeks

Person making the request: Client Family Health Care Provider

Health Care Team (group) Leadership/Management/Board

Date	Name of Requestor	Phone number	Facility/Service Area
Client Information:			
Client Name:			
Age:	0-17 18-65 65 and over	Gender (Specify)	Health Card Number/MRN/PHN:

Explore

1.	Identify the Issue(s):

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2.	Gather the information and facts (as outlined in the guidelines)	
	<u>Medical Indications:</u>	<u>Patient/Client/Resident Preferences:</u>
	<u>Quality of Life:</u>	<u>Contextual Features:</u>

Discuss

3.	Consider <u>all</u> options based on ethical principles and organizational values

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4.	What actions were taken and what were the results

6.	Client and/or Family Members notified of consult?	Y	N

7.	Will the person or group requesting the consult attend the Ethics Committee meeting is asked to participate?	Y	N
	Name	Phone number	Email address

Any information provided on this form may be subject to release pursuant to and in accordance with the *Freedom of Information and Protection of Privacy Act*, R.S.P.E.I. 1988 Cap. F-15.01. The consult requestor will be consulted prior to release of any information.