ETHICS CONSULTATION FORM

From First Call to Evaluation

SECTION I Patient name:					
Name of person requesting c	onsult:				
Requestor's professional affi	liation	or relat	ionship to patient:		
Date consult requested:					
Patient's attending physician	:				
Attending aware of consult re	equest?	Yes	No		
Consultation question/s:					
Patient information: Age: Race:_ Brief medical history, especi				igion:	
Location of patient at time of Patient's mental status/decisi	f consul	lt:			
Patient's wishes (if known):_					
Advance directive status: Living Will? Do Not Resuscitate Order POST Form:	Yes Yes Yes	No No No	Medical Power of Attorne Do Not Hospitalize Order	y? Yes ? Yes	No No
Family's wishes (if known):					
Other's wishes (MDs, RNs, I	MSW,	etc. if k	nown and pertinent):		
Health care surrogate appoin	ted?	Yes	No		

If yes, name:		
How surroga	te can be reached:	
Has a guardia	an been appointed? Yes No	
If so, who?_		
How guardia	n can be reached:	
SECTION I	I	
Patient	or consult (circle all that apply): Family Friend Attending physician Social Workers Chaplain House Staff	Other Physician Attorney
SECTION I	Ш	
Consultants 1	restatement of the ethical issues of the consult:	
Recommenda	ations made by ethics consultants:	
Date recomm	nendations made by consultant:	
Outcome of o	consultation:	
		

Patient outcome:
SECTION IV
Evaluation of consultation:
How could such a consultation be improved in the future?
Does the case suggest a need for an ethics committee initiative, e.g., educational program or new (or revised) policy?