

ETHICS CONSULTATION FORM

From First Call to Evaluation

SECTION I

Patient name: _____

Name of person requesting consult: _____

Requestor's professional affiliation or relationship to patient: _____

Date consult requested: _____

Patient's attending physician: _____

Attending aware of consult request? Yes No

Consultation question/s: _____

Patient information:

Age: _____

Race: _____

Gender: _____

Religion: _____

Brief medical history, especially pertinent diagnosis and condition at time of consult:

Location of patient at time of consult: _____

Patient's mental status/decisional capacity at time of consult: _____

Patient's wishes (if known): _____

Advance directive status:

Living Will? Yes No Medical Power of Attorney? Yes No

Do Not Resuscitate Order Yes No Do Not Hospitalize Order? Yes No

POST Form: Yes No

Family's wishes (if known):

Other's wishes (MDs, RNs, MSW, etc. if known and pertinent):

Health care surrogate appointed? Yes No

If yes, name: _____

How surrogate can be reached: _____

Has a guardian been appointed? Yes No

If so, who? _____

How guardian can be reached: _____

SECTION II

Informants for consult (circle all that apply):

Patient Family Friend Attending Physician Other Physician

Nurses Social Workers Chaplain House Staff Attorney

SECTION III

Consultants restatement of the ethical issues of the consult:

Patient care conference held? Yes No

Recommendations made by ethics consultants:

Date recommendations made by consultant: _____

Outcome of 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?
