

CLINICAL ETHICS CONSULTATION REQUEST FORM

Thank you for your interest in requesting a **clinical ethics consultation** from Fraser Health Ethics Services. Please complete this form and send it to our office: ethics.services@fraserhealth.ca

Upon receipt of the request a team member will be in contact with you to arrange for an initial discussion. This conversation will help our department get a better sense of the situation and determine appropriate next steps in supporting you/your team.

Requestor Information			
Date		Position	
Name		Program	
Phone Number		Location / Site Address	
Email		Relationship to Patient	

Care Team			
Name		Relationship to Patient	
Phone Number		Email	
Name		Relationship to Patient	
Phone Number		Email	
Name		Relationship to Patient	
Phone Number		Email	

Clinical Service	
<input type="checkbox"/> Chronic Disease Management <input type="checkbox"/> Critical Care <input type="checkbox"/> Family Requested <input type="checkbox"/> Frail Elderly / Older Adult	<input type="checkbox"/> Medicine <input type="checkbox"/> Mental Health and Substance Use <input type="checkbox"/> Surgery <input type="checkbox"/> Other:

CLINICAL ETHICS CONSULTATION REQUEST FORM

Priority
<input type="checkbox"/> High (immediate follow up) <input type="checkbox"/> Medium (2-4 weeks) <input type="checkbox"/> Low (4-6 weeks)

Requestor's Description of Ethics Case and Concern

Type of Assistance Requested (Check all that apply):
<input type="checkbox"/> Meeting with healthcare team to determine appropriate next steps <input type="checkbox"/> Resolving conflict amongst the healthcare team <input type="checkbox"/> Meeting with patient/family and team to determine appropriate next steps <input type="checkbox"/> Resolving conflict between patient/family/team <input type="checkbox"/> Team meeting to debrief past decision (support moral distress amongst the team) <input type="checkbox"/> Other (specify):

Patient Information			
Name		Age	
PHN		Date Admitted	
Location / Department		Attending Physician	
Was the attending physician notified? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, explain	
Decision Making Capacity <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Partial / Fluctuating / Unclear Explain:	
Are they affected by one or more morbidities?			

CLINICAL ETHICS CONSULTATION REQUEST FORM

Family / Loved Ones			
Name		Relationship to Patient	
Phone Number		Email	
Name		Relationship to Patient	
Phone Number		Email	

Additional Information

How did you hear about our service
<ul style="list-style-type: none"> <input type="checkbox"/> Colleague <input type="checkbox"/> Supervisor <input type="checkbox"/> Attending an ethics talk or event <input type="checkbox"/> Past participant in the Fraser Health Bioethics Course <input type="checkbox"/> Fraser Health Website <input type="checkbox"/> Other (specify):

For more information contact **Fraser Health Ethics Services**
 #400 - 13450 102 Avenue, Surrey, BC V3T 0H1
 Tel: 604-587-4486 Email: ethics.services@fraserhealth.ca