

UNIVERSITY of ALBERTA/STOLLERY CHILDREN'S HOSPITALS & MAZANKOWSKI
ALBERTA HEART INSTITUTE CLINICAL ETHICS COMMITTEE CONSULT REQUESTS

CONFIDENTIAL

Date: _____

Time: _____

Who is completing this form? _____ Kind of consult: P ___ SB ___ C ___

Who will handle this consult? _____

Patient/Client's Name : _____ Health Number: _____

If patient is currently hospitalized, what unit? _____

Is the patient/client able to participate/understand/communicate? Yes ___ No ___

If no, who is speaking on behalf of the patient/client? _____

Who is the patient/client's current physician? _____

Who is requesting consultation assistance? _____

Requestor's position and contact information? _____

Is this the first time the requestor has asked for consultation assistance? Yes ___ No ___

What is the clinical or medical situation?

What are the ethical concerns or issues?

Date and time when consult person/team returned initial call from requestor? _____



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