

Please submit the completed request form to the administrative support person in your zone via their confidential administrative email address. If you require assistance, please contact us by phone or email.

Central Zone	Kim Ambrose	902 473 1564	<a href="mailto:kim.ambrose@nshealth.ca">kim.ambrose@nshealth.ca</a>
Eastern Zone	Danielle Murphy	902 867 4500 (4723)	<a href="mailto:danielle.murphy@nshealth.ca">danielle.murphy@nshealth.ca</a>
Northern Zone	Patti McKenzie	902 893 6314	<a href="mailto:patti.mckenzie@nshealth.ca">patti.mckenzie@nshealth.ca</a>
Western Zone	Doris Sawrie	902 365 1711	<a href="mailto:doris.sawrie@nshealth.ca">doris.sawrie@nshealth.ca</a>

**Please note:** Depending on the request type and circumstances, Ethics NSHA (members of the Ethics Leads Group, the Zone Ethics Committees and the Local Ethics Teams) may provide ethics-related recommendations to the Requestor(s). However, Ethics NSHA does not make healthcare and organizational decisions.

### General Information

**Date of request:** April-20-17

**Origin of request:**

- Central Zone:  
 Eastern Zone:

- Northern Zone:  
 Western Zone:

**Requestor(s):** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Briefly describe the nature of your request, i.e., the relevant key question, matter/issue or subject-area:

## Request for Clinical Ethics Consultation

### Urgency of request

- Urgent (response requested within 1 business/working day)
- Semi-Urgent (response requested within 2 business/working days)
- Non-urgent

Patient Name:

Patient Location:

Who is aware that this request is being made?:

Who do you think are the key, involved individuals and/or health care provider groups?:

Clinical ethics question(s) and/or clinical ethics matter(s)/issues(s) that you wish to be addressed:

Relevant circumstances:

Salient clinical features:

Relevant decisions made, and actions taken, by involved others:

Which of the below types of clinical ethics consultation do you think may best address your request?:

- Telephone consultation:
- In-person meeting with the attending healthcare providers and the patient/family:
- In-person meeting with the attending healthcare team members:
- Other (*please describe*):