Office of the Ombudsman for the Institutionalized Elderly (OOIE)

ETHICAL CASE CONSULTATION REQUEST FORM

Date of Request _____

Facility Name and Address _____

Facility Phone (____)_____ Fax (____)_____

Facility Contact Person _____ Title _____

Resident's Initials_____ Resident's Age_____ Resident's Gender: M____ F____

Date of Admission to Facility _____ Resident's Payor Source_____

Summary of Ethical Dilemma or Conflict

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_____

_____

1. Medical Information (including principal diagnosis and prognosis)

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2. Overview of Resident's Daily Life

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_____

3. Resident's Capacity to Express/Make Health Care Decisions

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_____

4. Advance Directive (Living Will)? Yes____ No____ 5. Guardian? Yes____ No____

6. Health Care Proxy? Yes____ No____

7. Other Evidence of the Resident's Wishes Regarding Medical Treatment?

_____

_____

8. Identify Resident's Family (e.g. spouse, civil union partner, children, etc.) / Social Support Systems

_____

_____

9. Resident's Religious Affiliation/Practice_____

10. Circumstances Contributing to Unresolved Dilemma or Conflict

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11. Staff/Facility Views/Reactions to the Situation

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12. Facility Interventions Attempted Thus Far

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13. Other Relevant Information

_____

_____

Regional Ethics Committee Use Only

Consultation Request Reviewed By_____

Action Taken_____

Additional Notes/Thoughts

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