

**APPLICATION FOR INDIVIDUAL CASE REVIEW**

**CONFIDENTIAL**

NH Ethics Committees provide consultative services with ethics based analysis and recommendations to assist the parties involved in situations that involve ethical issues in health care.

Patient/Client/Resident Initials & MRN or PHN: \_\_\_\_\_

Patient/Client/Resident Location: \_\_\_\_\_

Physicians involved in care: *(please circle who is considered primary physician)*

Family Physician: \_\_\_\_\_

Consultant: \_\_\_\_\_

Consultant: \_\_\_\_\_

Request being made by: \_\_\_\_\_

Relationship to Patient/Client/Resident: \_\_\_\_\_

For Contact phone: \_\_\_\_\_

Address of Contact: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE PRINT:** *Please summarize the case facts and the outcome of discussions with the Patient/Client/Resident, family/friends and other caregivers. (Attach additional page if necessary.)*

1. Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Urgency: \_\_\_\_\_  
\_\_\_\_\_

3. Relevant Medical Facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Patient/Client/Resident Preference: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Views of Family/Friends: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Views of Caregivers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Legal, Administrative and External Factors: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**HOW TO REACH US:**

**\* Completed forms are placed in a sealed envelope marked "Confidential" and addressed to the appropriate Ethics Committee.**

**\* Leave at a Northern Health facility or go to the nearest HSDA administration office.**