

Date: _____

Patient/client/resident information

First name: _____ Last name: _____ PHN: _____
Personal Health Number

Location (home, facility (include name)): _____ Community: _____

Family doctor: _____

Specialist/other health care provider #1: _____

Specialist/other health care provider #2: _____

Person requesting advice from the ethics committee:

Name: _____ Relationship to patient/client/resident: _____

Home phone: _____ Work phone: _____ Cell phone: _____ Email: _____

Mailing address: _____
Street City Province Postal code

How would you like to be contacted? Phone call Email Written response

Details of ethical issue

Reason for request: _____

How urgent is this? _____

Relevant medical facts: _____

How would the patient/client/resident like to handle this ethical issue? _____



How would the caregivers (family and/or friends) like to handle it? _____

How would the health care providers (doctor, nurse, clinician) like to handle it? _____

Other factors, if applicable (legal, administrative, etc.): _____

Once received, your form will be sent to a Northern Health Ethics Committee in your area. They will contact you within two business days. *Note: Fill in as much information as you can. Missing information may cause a delay in responding to your request.*

Place your completed form in a sealed envelope marked 'confidential' and mail it to:

NH Ethics Committee
600 - 299 Victoria Street
Prince George, B.C. V2L 4B8

Or fax to: 250-565-2640

For more information, or if you need immediate assistance (Monday to Friday 8:30AM to 4:30PM), please phone us at 1-888-233-7005 or email ethics@northernhealth.ca