

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 Northern Health Ethics Service:			
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? <input type="checkbox"/> Phone call <input type="checkbox"/> Email <input type="checkbox"/> 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?

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

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

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Once received, your form will be sent to a Northern Health Ethics Service 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:

Northern Health Ethics Service  
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](tel:1-888-233-7005) or email [ethics@northernhealth.ca](mailto:ethics@northernhealth.ca)

Northern Health collects, stores and shares your personal information under the authority of the Freedom of Information and protection of Privacy Act (British Columbia). Northern Health will take all reasonable steps to make sure your personal information is treated confidentially, stored securely and used only for the purposes of providing you with health care services and treatment. If you have any questions, please contact Northern Health's Privacy Office at 250-565-5822.