

## NSHA FORMAL CLINICAL ETHICS CONSULTATION REPORT

Patient: \_\_\_\_\_

Location: \_\_\_\_\_

Zone: \_\_\_\_\_

Date of request (YYYY/MON/DD): \_\_\_\_\_

Date of consultation (YYYY/MON/DD): \_\_\_\_\_

Requestor: \_\_\_\_\_

Requestor contact information: \_\_\_\_\_

### Relevant Clinical Features

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### Relevant Social Circumstances

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### Presenting Ethical Matter(s) / Issue(s) / Question(s)

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**Analysis** (description of the collective application of relevant ethical principles and values to the circumstances and the related weighing and balancing of any competing obligations)

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<b>Consultative Actions Performed</b> (e.g., persons contacted, meetings held with associated dates)
<b>Recommendation(s)</b>
<b>Relevant Resources</b> (e.g., relevant NSHA health policies, Nova Scotia government <i>Acts</i> )

\_\_\_\_\_  
 (Signature of Ethics NSHA Consultant)  
 Print name: \_\_\_\_\_

Report incorporated into the patient's health record in the Consultations section on \_\_\_\_\_  
 by \_\_\_\_\_ . (YYYY/MON/DD)