



## **NSHA FORMAL CLINICAL ETHICS CONSULTATION REPORT**

Patient:

Location:

Zone:

Date of request (YYYY-MM-DD):

Date of consultation (YYYY-MM-DD):

Requestor:

Requestor contact information:

### **Relevant Clinical Features**

### **Relevant Social Circumstances**

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

**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)





**Consultative Actions Performed** (e.g., persons contacted, meetings held with associated dates)

**Recommendation(s)**

**Relevant Resources** (e.g., relevant NSHA health policies, Nova Scotia government Acts)

\_\_\_\_\_  
(Signature of Ethics NSHA Consultant)

Print name:

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

