



ETHICS COMMITTEE

Consultation Request Form
Please complete page one only

Date _____ Time _____

Name and contact phone number of referring person _____

Facility and Address _____

Facility Phone _____ Facility Email _____

Clinical area (if applicable) _____

Professional designation or relationship to client/resident _____

Resident/client's Age _____ Gender _____ Culture _____ Religion _____

Background Information _____

Current Situation _____

What is the ethical issue/conflict

Alternatives (solutions) attempted and outcomes _____

Please send to Manager of Facility/Program or Chair of GSS Ethics Committee

July 22, 2008