

**Regional Long Term Care Ethics Committee  
Case Consultation Request Form**

**Date of Request:** \_\_\_\_\_

**Facility and Address** \_\_\_\_\_  
\_\_\_\_\_

**Facility Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Facility Contact Person** \_\_\_\_\_ **Title** \_\_\_\_\_

**Resident's Initials** \_\_\_\_\_ **Resident's Age** \_\_\_\_\_ **Resident's Gender** \_\_\_\_\_

**Date of Admission to Facility** \_\_\_\_\_

**Statement of Ethical Dilemma or Ethical Conflict**

\_\_\_\_\_  
\_\_\_\_\_

**1. Pertinent Medical Information and Overview of Resident's Daily Life:  
(Include Pain/ Discomfort) Principal Diagnosis and Prognosis.**

\_\_\_\_\_  
\_\_\_\_\_

**2. Resident's Capacity to Express/Make Health Care Decisions**

\_\_\_\_\_  
\_\_\_\_\_

**Instruction Directive/Living Will** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Legal Guardian** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** **If yes, Persons Name** \_\_\_\_\_

**Health Care Proxy** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** **If yes, Persons Name** \_\_\_\_\_

**Other Evidence or Resident's Wishes** \_\_\_\_\_

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\_\_\_\_\_

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**3. Applicable Ethical and Resident/Family Values, Support Systems**

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**4. Staff/Facility Values** \_\_\_\_\_

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**5. Dispute Resolution Interventions Attempted Thus Far**

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***The Regional Long Term Care Ethics Committee Use Only***

**Consultation Request Reviewed By** \_\_\_\_\_

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**Action Taken** \_\_\_\_\_

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