



## Bermuda Hospitals Board

### Hospital Ethics Consultation Request Form

1. Briefly describe the situation that has led you to approach the Hospital Ethics Consultation service.

2. What do you see as the ethical issue(s) to be addressed?

3. List the concerned parties.

\_\_\_\_\_ ( adult/child *please circle*)

\_\_\_\_\_ ( adult/child *please circle*)

\_\_\_\_\_ ( adult/child *please circle*)

\_\_\_\_\_ ( adult/child *please circle*)

\_\_\_\_\_ ( adult/child *please circle*)

4. What has been done so far to deal with the situation?

5. Additional comments:

Consultation requested by: \_\_\_\_\_

Relationship/position: \_\_\_\_\_

Contact number(s): \_\_\_\_\_

Date: \_\_\_\_\_