**SMH Ethics Consult template**

Date:

Pt demographics (name, med record number)

Consult Requested by:

Attending :

Reason for consult:

Medical Indications:

 Brief History—

 Current Condition—

 Prognosis—

 Proposed Interventions—

Patient Preferences:

 Determination of Decisional Capacity—

 If no capacity, is pt likely to regain capacity?

 Advance Directives/ Health Care Proxy—

Biography/Personal History:

Assessment:

Discussion:

Recommendations/ Next Steps