



Pastoral Care and Ethics Program
Ethics Consultation Service

Request for an Ethics Consultation



This form is used to collect information from the individual or group requesting the Ethics Consultation and others with information needed to respond to the request for an ethics consultation. This form may be completed by the one requesting the consultation or the one who receives the request may collect the information. The required information can be forwarded by e-mail.

Date: DD/MONTH/YYYY

Individual requesting Consult

Name		Position
Telephone Number	Pager Number	E-mail

Details of the Specific Issue for Ethical Consultation

Location RHA/Site/Portfolio/Unit:

Program /Department:

Description(add another page if needed):

How soon does this consultation need to be completed? Explain if immediate or urgent attention is requested:

Identify who needs to attend and contact information.

Name	Position	Telephone/E-Mail

Forward the completed form to:
Office of the Regional Director, Pastoral Care and Ethics Department
2J605 Health Sciences Centre
300 Prince Philip Drive, St. John's, NL, Canada A1B 3V6
Tele: 709-777-8940 F: 709-777-7612
ethics@easternhealth.ca