

ETHICS CONSULT NOTE	
Date of Admission: <b>8/27/2022</b>	Date/Time of Consult Request: ***
<b>Consult requested by</b>	<b>Consultant</b>
{ATTEND PROV/FREE TEXT:22322}	{Me or wildcard:22499}

**PROBLEMS IDENTIFIED:**  
**1. \*\*\***

**RECOMMENDATIONS (Non-binding):**  
**1. \*\*\***

**CLINICAL HISTORY:**  
*Source of information: {Source of history present at bedside:22971}*  
 Subjective: \*\*\*

**Notes from Bedside Evaluation of Patient:**  
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**Notes from Phone Call to: \*\*\***  
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**ETHICAL CONSIDERATIONS AND RATIONALE:**  
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**Religious/Spiritual Considerations:** {RRH PALLIATIVE HISTORY:304100193}  
**Code Status:** Full Code  
**Capacity:** {RGHS PALLIATIVE CARE CAPACITY:21353}  
**Healthcare Proxy:** {YES/NO/WILD CARDS HCP:304100188}  
**Living Will:**{RRH IP PALLIATIVE CARE LIVING WILL:1858101}

Thank you for allowing us to participate in the care of your patient. Please call us if you have any concerns regarding our recommendations or further questions we can assist with.

**Electronically signed by:**  
**Carl H Reynolds, MD**  
 9/12/2022 11:57 AM  
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 ROCHESTER NY 14621-3001  
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 Loc: 585-922-4000