**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