

BIOETHICS CASE REVIEW SUMMARY

PATIENT MEDICAL RECORD NUMBER: _____ DOB: _____

SEX: MALE FEMALE AGE _____ REQUESTED BY _____

REASON FOR REQUEST: _____

THOSE PRESENT FOR REVIEW:

NAME	REPRESENTING
_____	_____
_____	_____
_____	_____
_____	_____

I. MEDICAL FACTS:

A. DIAGNOSIS: _____

B. PROGNOSIS: _____

C. TREATMENT COURSE: _____

D. TREATMENT OPTIONS & EXPECTED OUTCOMES: _____

II. ADDITIONAL FACTORS:

A. PATIENT'S FACTORS:

B. FAMILY ISSUES & CONCERNS:

C. CAREGIVER ISSUES & CONCERNS:

D. SPIRITUAL PERSPECTIVES

E. OTHER ISSUES & CONCERNS

LEGAL / ADMINISTRATIVE ISSUES:

A. ADVANCE HEALTH CARE DIRECTIVES? YES NO

B. PRIMARY DECISION MAKERS WITH/FOR PATIENT:

II. ETHICAL PRINCIPLES:

III. POSSIBLE ALTERNATIVES:

IV. DISCUSSION

V. OUTCOME

VI. FOLLOW-UP

WHEN? _____ BY WHOM? _____

WITH WHOM? _____

OUTCOME: _____

VII. TO BE REVIEWED BY BIOETHICS COMMITTEE ON _____

SIGNATURE: _____ DATE: _____

PLEASE SEND COMPLETED FORM TO THE MEDICAL STAFF OFFICE