

Note: This form is to be used for all case consultation referrals, except disorders of sexual development cases. Please either:

- Print, complete in pen and deliver, fax or post this document to the CEC Secretariat; or
- Save this document, complete electronically and email to the Secretariat.

CEC Secretariat, Research Support Services, Monash Medical Centre, Clayton.

Phone: 9594 4611

Fax: 9594 6306.

Email: ClinicalEthics@monashhealth.org

(Office use) Reference Number:

1. Date and time of referral

2. Referring person and contact details (E.g. Name, title, department/ward, institution, include mobile and email, where appropriate, relationship to patient i.e. treating doctor)

3. Patient details (Description/Background: eg. 80 yr old widow, with two caring daughters, devout catholic, independent and living alone prior to admission, etc)

UR #:

Initials:

Age:

Gender:

Religion

(if relevant)

Description/Background:

4. Diagnosis and current management plan

5. Nature of the ethical problem

6. What question needs to be considered by the Committee?

7. What is the level of urgency?

- Urgent (less than 2 days) Semi-urgent (within 10 days) Not urgent (within 3 weeks)

Suggest 3 available dates and times for a case consultation meeting:

1st pref.

2nd pref.

3rd pref.

8. Have the other interested parties to this case been informed of the referral to the Clinical Ethics Committee?

(Eg. Department Head, patient/relatives)

- Yes** **Date**
- No** **Reason:**

Office use only:

Case consultation scheduled:

Clinical Ethics Committee members attending:

Others attending:

Outcome letter sent: Date:

Related procedure

[Clinical Ethics Committee Case Consultation Referral](#)

Keywords or tags

CEC

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Document Management
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Person Responsible: Director Research Services