



### CONSULT REQUEST FORM

Name of Person Requesting Consult: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Country (if other than USA)

If this on behalf of a hospital, nursing home or other facility, please list the facility name:

\_\_\_\_\_

Is this consult request for you or for your patient/client?      ME      My Patient/Client  
(select one)

Please describe the ethical dilemma:

Please send the form to me via fax or secure email.

Dr. Bramstedt will NOT provide medical or legal advice to anyone. You should consult a health care provider in all matters relating to your health, and particularly with respect to any symptoms that may require diagnosis or medical attention.

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