



BC Coroners Service Report of Medical Assistance in Dying Death

Please ensure death is reported immediately as per Coroners Act (s. 2)

Please FAX this form, and all accompanying Provincial Health MAiD forms, to the BC Coroners Service @ 250-356-0445

General Information

Name of Reporting Physician/Nurse Practitioner::		Physician/Nurse Practitioner ID#:	Physician/Nurse Practitioner Contact (Phone/email):	
Date Reported:	Time Reported:		Location reported from:	

Decedent Information

Decedent Surname		Decedent Given Name (1st)		Decedent Given Name (2nd)	Decedent Given Name (3rd)
Birth Date (dd/mm/yyyy)	Age	Sex <input type="radio"/> F <input type="radio"/> M		Date of Death (dd/mm/yyyy)	
Home/Residence Address		City	Postal Code	Province	Place of death same as home address? <input type="radio"/> YES <input type="radio"/> NO
Place of Death (if different from home address)			Type of Premise (i.e. hospital, care home, office)		
Was the precipitating/originating illness, injury, condition the result of an accident, violence or self-inflicted injury? <input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> Unknown			If Yes, what was the accident, violent event or self-inflicted injury?		
Date of Accident/Violent event/self-inflicted injury (dd/mm/yyyy)		Place of Accident/Violent event/self-inflicted injury:			
Personal Health Number (PHN)	Family Physician/Nurse Practitioner Name:		Family Physician/Nurse Practitioner Contact #:		
Identified by	Relation	Contact #		ID Method	
Nearest Relative	Relation	Contact #			

Physician/Nurse Practitioner - Remarks/Additional Comments:

For internal Use Only

Date Received: _____ Received by: _____ Approved: YES NO PENDING

Comments:

This form, and the information contained therein, must not be shared, forwarded or disseminated to anyone without the written authorization of the BC Coroners Service

This form has been prepared pursuant to the authority of the Chief Coroner, Coroners Act Regulation, B.C. Reg. 298/2007