



Medical Assistance in Dying
CONSULTANT'S ASSESSMENT OF PATIENT'S INFORMED CONSENT DECISION CAPABILITY

HLTH 1635

Patient Label

Consultant to fax this assessment to health authority MAiD Care Coordination Service, if required (see below). Retain original in patient's health record, and provide copy to referring practitioner who is responsible for reporting on MAiD to the Ministry of Health.

1. PATIENT INFORMATION

Form section for patient information including Last Name, First Name, Second Name(s), Personal Health Number (PHN), Birthdate, Sex, etc.

2. REFERRING PRACTITIONER

Form section for referring practitioner including Last Name, First Name, CPSID #, BCCNM #, Phone Number, Mailing Address, City, Postal Code.

3. CONSULTANT PRACTITIONER

Form section for consultant practitioner including Last Name, First Name and Initial, College #, Phone Number, Fax Number, Mailing Address, City, Postal Code, Email Address, Specialty.

4. PROFESSIONAL INTERPRETER (PROVINCIAL LANGUAGE SERVICE OR OTHER) IF USED

Form section for professional interpreter including Last Name, First Name, ID Number, Date of Service.

5. CONSULTANT PRACTITIONER ASSESSMENT AND DETERMINATION OF PATIENT'S CAPABILITY TO PROVIDE INFORMED CONSENT

Form section for assessment including Location of Assessment, Date(s) of Examinations(s).

I confirm that on this/these dates, I met with the patient and informed them of the reason for this assessment, and I confirmed the patient's consent to conduct an assessment to determine their capability to consent to medical assistance in dying.

I have assessed the patient in person and have determined:

Form section for assessment results with 'Initials' and 'OR' options for patient capability.

I have discussed my findings with the patient, and will advise the referring practitioner.

6. CONSULTANT PRACTITIONER SIGNATURE

Form section for practitioner signature including Practitioner Signature, Date, Time.

THIS FORM DOES NOT CONSTITUTE LEGAL ADVICE; it is an administrative tool that must be completed for medical assistance in dying.

Health Authority fax numbers for submission of forms:

Fraser HA: Fax: 604-523-8855, mccc@fraserhealth.ca
Interior HA: Fax: 250-469-7066, maid@interiorhealth.ca
Northern HA: Fax: 250-565-2640, maid@northernhealth.ca

Vancouver Coastal HA: Fax: 1-888-865-2941, AssistedDying@vch.ca
Vancouver Island HA: Fax: 250-519-3669, maid@islandhealth.ca
Provincial Health Services Authority: Fax: 604-829-2631, maidcco@phsa.ca