



MEDICAL ASSISTANCE IN DYING CONSULTANT'S ASSESSMENT OF PATIENT'S INFORMED CONSENT DECISION CAPABILITY



DRDR106754C (HLTH 1635) Rev: Apr 18/18 Page: 1 of 1

Consultant to fax or mail a **COPY** of this Assessment to the applicable health authority (see below). Retain original in patient's health record and provide a copy to referring practitioner. If MAiD is administered, Prescriber to fax all forms to the BC Coroners Service at 250-356-0445.

PATIENT INFORMATION

Last Name		First Name		Second Name(s)	
Personal Health Number (PHN)	Birthdate (YYYY / MM / DD)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other - specify:			
Medical Diagnosis (diagnoses that indicate a grievous and irremediable medical condition, intolerable suffering, and death as being reasonably foreseeable)					

REFERRING PRACTITIONER

Last Name	First Name	CPSID #	OR	CRNBC Prescriber #	Phone Number
Mailing Address				City	Postal Code

CONSULTANT PRACTITIONER

Last Name	First Name and Initial	College #	Phone Number	Fax Number
Mailing Address		City	Postal Code	Email Address
Specialty <input type="checkbox"/> Psychiatry <input type="checkbox"/> Geriatric Medicine <input type="checkbox"/> Other - specify:		Location of Assessment <input type="checkbox"/> Home <input type="checkbox"/> Facility/Other (specify):		

PROFESSIONAL INTERPRETER (PLS OR OTHER) IF USED

Last Name	First Name	ID Number	Date of Service (YYYY / MM / DD)
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CONSULTANT PRACTITIONER ASSESSMENT AND DETERMINATION OF PATIENT'S CAPABILITY TO PROVIDE INFORMED CONSENT

Date(s) of Examinations(s)	Document assessment process and findings in the medical record.
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Confirmation

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:

Initials	The patient does not have capability. A psychiatric illness/cognitive impairment is present to a degree that impairs ability to make an informed consent decision regarding medical assistance in dying.
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OR

Initials	The patient has capability. A psychiatric illness/cognitive impairment is not present to a degree that impairs ability to make an informed consent decision regarding medical assistance in dying.
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I have discussed my findings with the patient, and will advise the referring practitioner.

CONSULTANT PRACTITIONER SIGNATURE

Practitioner Signature	Date (YYYY / MM / DD)	Time
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THIS FORM DOES NOT CONSTITUTE LEGAL ADVICE; it is an administrative tool that must be completed for medical assistance in dying.

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