fraserhealth

BRITISH COLUMBIA | Ministry of Health

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

DRDR106754B Rev: Dec. 15/16 Page: 1 of 1

For cases involving a health authority (HA), fax or mail a copy of this Assessment to applicable HA (pg 2). Retain original in patient's health record. 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
		☐ Male ☐ Female ☐ Other - specify:

Medical Diagnosis Relevant to Request for Assisted Death

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

Mailing Address	City	Postal Code

Specialty
☐ Psychiatry ☐ Geriatric Medicine ☐ Other - specify:

Location of Assessment
☐ Home ☐ Facility - Site: Unit: ☐ Other - specify

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.

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.

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.

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

CONSULTANT PRACTITIONER SIGNATURE

Practitioner Signature	College #	
	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:

FHA: Fax: 604-523-8855 **NHA:** Fax: 250-565-2640 **VIHA:** Fax: 250-727-4335
IHA: Fax: 250-469-7066 **VCHA:** Fax: 1-888-865-2941 **PHSA:** Fax: 604-829-2631

For mailing addresses of Health Authorities, see Document Submission Checklist, HLTH 1632.
http://www2.gov.bc.ca/assets/gov/health/forms/1632.pdf

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