



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

HLTH 1635 2018/10/30

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.

PATIENT INFORMATION

Form fields for Patient Information: Last Name, First Name, Second Name(s), Personal Health Number (PHN), Birthdate, Gender.

REFERRING PRACTITIONER

Form fields for Referring Practitioner: Last Name, First Name, CPSID #, CRNBC Prescriber #, Phone Number, Mailing Address, City, Postal Code.

CONSULTANT PRACTITIONER

Form fields for Consultant Practitioner: Last Name, First Name and Initial, College #, Phone Number, Fax Number, Mailing Address, City, Postal Code, Email Address.

Specialty (if a family/general practitioner, indicate your additional training and expertise for an in-person capability assessment)
Psychiatry, Geriatric Medicine, Other - specify:

PROFESSIONAL INTERPRETER (PROVINCIAL LANGUAGE SERVICE OR OTHER) IF USED

Form fields for Professional Interpreter: Last Name, First Name, ID Number, Date of Service.

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

Location of Assessment: Home, Facility/Other (specify); 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:

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

Form fields for Consultant Practitioner Signature: 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, Northern HA, Vancouver Island HA, Interior HA, Vancouver Coastal HA, Provincial Health Services Authority.