



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

HLTH 1635 2016/12/15

Patient Label

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

Form section for Patient Information including fields for Last Name, First Name, Second Name(s), Personal Health Number (PHN), Birthdate, Gender, and Medical Diagnosis Relevant to Request for Assisted Death.

REFERRING PRACTITIONER

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

CONSULTANT PRACTITIONER

Form section for Consultant Practitioner including fields for Last Name, First Name and Initial, College #, Phone Number, Mailing Address, City, Postal Code, Specialty, and Location of Assessment.

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

Form section for assessment including Date(s) of Examinations(s) and 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:

Form section for 'I have assessed the patient in person and have determined:' with 'Initials' field and text: '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

Form section for 'I have assessed the patient in person and have determined:' with 'Initials' field and text: '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 section for Consultant Practitioner Signature including fields for Practitioner Signature, College #, Date, and 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