



Medical Assistance in Dying Consultant Assessment of Patient's Informed Consent Decision Capability

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PATIENT LABEL

Retain with related forms in the health record. Prescriber to submit copies to an agency tasked with completing a review of medical assistance in dying and, for health authority cases, as directed by the health authority.

A. Patient information					
Last name	First name	Middle name	Date of birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	PHN
Medical diagnosis relevant to request for assisted death					

B. Referring practitioner			
Last name	First name	CPSID #	Phone number
Mailing address		City	Postal code

C. Consultant practitioner			
Last name	First name	CPSID #	Phone number
Mailing address		City	Postal code
Specialty <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Psychiatry <input type="checkbox"/> Geriatric medicine <input type="checkbox"/> Neurology <input type="checkbox"/> Other: _____			

D. Consultant evaluation	
Date(s) of examination(s): _____ • Document assessment process and findings in the medical record. • Copy of chart documentation to be submitted to coroner and health authority review contact along with forms.	
Confirmation <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> Initials </div> <div> I confirm that on this/these date(s), I met with the patient, informed him/her of the reason for this assessment, and confirmed his/her consent to conduct an assessment to determine capability to consent to medical assistance in dying. </div> </div>	
I have assessed the patient in person and have determined: <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> Initials </div> <div> A psychiatric illness/cognitive impairment is present to a degree that impairs ability to make an informed consent decision regarding assisted death. The patient does not have capability. </div> </div> <p>or</p> <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> Initials </div> <div> A psychiatric illness/cognitive impairment is not present to a degree that impairs ability to make an informed consent decision regarding assisted death. The patient has capability. </div> </div>	
I have discussed my findings with the patient, and will advise the referring physician.	
Physician's signature: _____ Date: _____	