

Medical Assistance in Dying (MAID) Assessment Record

Please ensure form is completed and uploaded to patient's CHRIS file.

Patient Name:		Date of Birth:
Address:		City:
Postal Code:	Health Card Number:	

Patient Demographics

Phone:	Age:	Preferred Name:
Family Present:		

Diagnosis:

History of Presenting Illness:

Past Medical History:

Past or Present Mental Health Issues: *(Including previous suicide attempts, diagnoses which question capacity [schizophrenia, bipolar, psychoses], substance use)*

End-of-Life Plan: Patient Goals of Care

DNR discussed: <input type="checkbox"/> YES <input type="checkbox"/> NO	Completed DNR-C in home: <input type="checkbox"/> YES <input type="checkbox"/> NO	SRK in home: <input type="checkbox"/> YES <input type="checkbox"/> NO
Planned Death At Home: <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, Yellow Folder in Home: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If no, where is Preferred Place of Death:		
Funeral arrangements made <input type="checkbox"/> YES <input type="checkbox"/> NO - Not addressed at this visit		

Social History

Language:	Smoking Hx:	SRK in home: <input type="checkbox"/> YES <input type="checkbox"/> NO
Occupation:	ETOH:	Marital Status:
Children:	Living Arrangements:	Religion:

Specialist Care:

Allergies: NKDA

Patient Name:

Date of Birth:

Current Medications

NAME	DOSAGE	ROUTE	FREQUENCY
Routine Medications			
PRN Medications			
Discontinued Medications			

Date of Initial MAID Inquiry/Request: Click to enter date.

Clinician Aid A - Consent: Click to enter date.

Patient’s Understanding of Illness/Diagnosis/Prognosis:

Previously Tried Therapies/Medications:

What has been tried in the past? Why didn’t these work?

Exploring Patient’s Rationale for Requesting MAID

<i>What was your life like before your diagnosis(es)?</i>	
<i>Is there one symptom or issue that is the underlying reason for your request?</i>	
<i>Why are you requesting MAID today (versus yesterday or tomorrow)?</i>	
<i>What are you worried about?</i>	
<i>What does “suffering” mean to you?</i>	

Patient Name:

Date of Birth:

Informed Consent:

- I have discussed Palliative Care, including risks and benefits.
- I have discussed Palliative Sedation, including risks and benefits.
- Discussion regarding other treatments/interventions/supports relevant to their unique situation, including risks and benefits, occurred with their specialists.
- I have discussed the consequences of receiving MAID versus not receiving MAID.
- They are aware and will be given the option of withdrawing their request for MAID at any time.

What would you do if the team did not feel you were eligible to receive MAID?

Voluntariness [Ask to speak with patient alone during this section]

What does your family think about your decision to request MAID?

What would they think if you changed your mind?

How much does your family's agreement or disagreement of your choice matter to you?

Capacity:

Is the patient able to understand the information relevant to deciding to consent to or refuse to consent to MAID?

Is patient able to appreciate the reasonably foreseeable consequences of consenting to, or not consenting to MAID?

Notified of TGLN Contact:

Physical Assessment | PPS:

| CFS:

Eligibility Criteria for MAID:

Signature: <insert electronic signature>

Date: Click to enter date.

<insert signature block>
