

Medical Assistance in Dying (MAID) Assessment Record

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

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Patient Name:				П		Da	te of Birth:
Address:					City:		
Postal Code:			Health C	ard I	Number:		
Patient Demographics							
Phone:		Age: Preferred Name:					
Family Present:	•						
Diagnosis:							
History of Presenting Illne	ss:						
Past Medical History:							
r use in curear riistory.							
Past or Present Mental He bipolar, psychoses], substan		es: (Including previ	ous suicide	e atte	empts, die	agnos	es which question capacity [schizophrenia,
End-of-Life Plan: Patien	t Goals (of Care					
DNR discussed: ☐ YES [□NO	Completed DNR-C in home: ☐ YES ☐ NO SRK in home: ☐ YES ☐ NO		SRK in home: ☐ YES ☐ NO			
Planned Death At Home:	Death At Home: □ YES □ NO If yes, Yellow Folder in Home: □ YES □ NO			e: □ YES □ NO			
If no, where is Preferred	Place of	Death:					
Funeral arrangements m	ade 🗆 Y	ES 🗆 NO - Not ad	dressed at	t this	visit		
Social History							
Language:		Smoking Hx:			SRK in home: ☐ YES ☐ NO		
Occupation:		ЕТОН:				Marital Status:	
Children: L	iving Arr	rangements:			Religion:		
Specialist Care:							
Allergies: □ NKDA							

Patient Name: Date of Birth:

Current I	Medications
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NAME	DOSAGE	ROUTE	FREQUENCY
Routine Medications			
PRN Medications			
Discontinued Medications			

Date of Initial MAID Inquiry/Request: Click to enter date. Click	inician Aid A - Consent: Click to enter date.
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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

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

Date of Birth: **Patient Name:**

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 fa	nmily's agreement or disagreement of your c	hoice i	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 Conta	act:				
Physical Assessment PPS:			CFS:		
Eligibility Criteria for M	IAID:				
Signature: <insert elect<="" td=""><td>ronic signature></td><td></td><th>Date: Click to enter date.</th></insert>	ronic signature>		Date: Click to enter date.		
<insert block:<="" signature="" td=""><td>></td><td></td><th></th></insert>	>				