

# HOME AND COMMUNITY CARE SUPPORT SERVICES

## Waterloo Wellington

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www.healthcareathome.ca/ww  
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310-2222 (Area code not required)

Date: \_\_\_\_\_ # of Pages: \_\_\_\_\_  
To: \_\_\_\_\_ Fax: \_\_\_\_\_  
From: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Subject: Eligibility Assessment for Medical Assistance in Dying (MAID)  
Patient Name: \_\_\_\_\_ HCN: \_\_\_\_\_ VC: \_\_\_\_\_

- The patient listed above has self-referred to the Waterloo Wellington Coordination of Care Service (WWCCS) and/or the WWLHIN for MAID Eligibility Assessments.  
 Clinician referral received for MAID Eligibility Assessments.

The following medical information is required (as applicable) to support timely processing of referrals for MAID eligibility assessments.

If available, supporting documentation has been pulled from Clinical Connect.

Please gather further documentation indicated below & fax to the assessing clinician(s).

*\*The assessing clinician(s) may contact you to request additional information.*

Assessing Clinician 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Fax instructions: \_\_\_\_\_  
Assessing Clinician 2: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Fax instructions: \_\_\_\_\_

- Relevant Lab/Imaging (within 6 months)  
 Medical history related to diagnosis  
 Medical Prognosis  
 PPS/Frailty scores  
 Coordinated Care Plan if Applicable  
 Palliative/Other Specialty Consultation  
 CPP (Diagnoses, Medications)  
 Other pertinent information (example: patient's formal written request (e.g. MOH Form A), if available)

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