



**MEDICAL ASSISTANCE IN DYING (MAID) –
 PATIENT REQUEST AND INFORMED CONSENT FORM
 REASONABLY FORESEEABLE NATURAL DEATH**

MAID Case #:	
First Name:	Last Name:
Health Card Number:	Date of Birth (YYYY/MON/DD):

Please review this form carefully. Feel free to ask any questions about this form, now or at any time during your interactions with your health care providers.

NOTE: To be eligible for MAID, Sections 1 and 2 **MUST** be completed.

SECTION 1: PART A – WRITTEN PATIENT REQUEST		
<ul style="list-style-type: none"> • The process of requesting medical assistance in dying (MAID) involves making a written request. • This request must be signed and dated in front of an independent witness. • The independent witness must also sign and date the request. • If you are physically unable to sign and date this request, you can ask another person (a proxy) to sign it for you. There are specific rules about who can sign, which you will find below. 		
By checking the boxes and signing below, I confirm that:		
<input type="checkbox"/>	I am making a request for MAID of my own free will, without any influence or pressure from others.	
<input type="checkbox"/>	I am aware I will be assessed by a minimum of two independent physicians and / or nurse practitioners to confirm I meet all of the eligibility criteria for MAID.	
<input type="checkbox"/>	I am aware that I may, at any time, in any manner, withdraw my request for MAID.	
Patient Signature		
Print Patient Name	Signature of Patient	Date Signed (YYYY/MON/DD)
Proxy Signature (NOTE: This area to be signed ONLY if patient is unable to sign)		
<input type="checkbox"/>	I am at least 18 years of age.	
<input type="checkbox"/>	I understand the nature of this person’s request for MAID.	
<input type="checkbox"/>	I am not a beneficiary under the Will of the person making this request for MAID, or a recipient in any other way of financial or other material benefit resulting from this person’s death.	
<input type="checkbox"/>	I am signing this document on behalf of: _____ in their presence and under their express direction.	
Print Proxy Name	Signature of Proxy	Date Signed (YYYY/MON/DD)
Relationship to Person Requesting MAID		





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SECTION 1: PART B – WITNESS SIGNATURE / CONFIRMATION OF INDEPENDENT WITNESS		
By checking the boxes and signing below, I confirm that:		
<input type="checkbox"/>	I am at least 18 years of age, and I understand that I have been requested to provide written confirmation that I witnessed the signature of the person making this request for MAID or witnessed the signature of their proxy.	
<input type="checkbox"/>	I know _____, the person making this request for MAID, personally or I have seen proof of their identity.	
<input type="checkbox"/>	I am not a beneficiary under the Will of the person making this request for MAID, or a recipient in any other way of financial or other material benefit resulting from this person’s death.	
<input type="checkbox"/>	I am not an owner or operator of the health care facility where the person making this request for MAID resides or is receiving treatment.	
<input type="checkbox"/>	The person making this request for MAID (or their proxy, in the presence and at the express direction of the patient) signed this request for MAID in my presence.	
<p>NOTE: A person whose primary occupation is providing health or personal care services and who is paid to provide service to the MAID requestor may be a witness, with the following exceptions: (1) the NP or physician who will provide MAID to that person; and (2) the NP or physician who provided an opinion that a person meets the eligibility criteria for receiving MAID. These individuals CANNOT act as a witness.</p>		
Print Witness Name	Signature of Witness	Date Signed (YYYY/MON/DD)
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SECTION 2: PART A – INFORMED CONSENT: To be completed only AFTER the first MAID eligibility assessment:	
In order to be eligible for MAID, you must give informed consent at the time of your request. This means you have consented after receiving all the information you need to make your decision.	
By checking the boxes and signing below, I confirm that:	
<input type="checkbox"/>	I believe I am fully informed with respect to the medical condition which has led me to request MAID, including its nature, expected outcome, treatment options available, and the potential complications.
<input type="checkbox"/>	My medical condition causes me enduring suffering that is intolerable to me, which cannot be relieved by any treatment that I consider acceptable.
<input type="checkbox"/>	I have been informed by a physician or nurse practitioner about the options available to help relieve my suffering, including palliative care.
<input type="checkbox"/>	I understand that the purpose and goal of MAID is to bring about my death, and the risks of proceeding with MAID have been explained to me.
<input type="checkbox"/>	I am aware that I will be asked to provide consent again immediately before MAID is provided, unless alternative arrangements have been made. This will be explained to me in detail.
<input type="checkbox"/>	My questions have been answered in a way that was understandable to me.
<input type="checkbox"/>	I consent to the administration of medications by intravenous injection by a MAID Provider for the purpose of MAID.
<input type="checkbox"/>	I agree to the involvement of pharmacist(s), nurse(s), assistants or associates or other health professionals as may be appropriate for the purpose of MAID, including a community nurse who may be asked to insert intravenous lines.
Patient Signature	
Print Patient Name	Signature of Patient
	Date Signed (YYYY/MON/DD)
<i>If the person requesting MAID is physically unable to sign and date this request, another person (a proxy) may do so in the person's presence, on behalf and under the person's expressed direction. See the following page.</i>	





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