

Patient Label

**Medical Assistance in Dying (MAID)  
Patient Request and Consent Form**

**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.**

- 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 this request.
- If you are 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:**

- I am making a request for MAID of my own free will, without any influence or pressure from others.
- 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
- I am aware that I may, at any time, in any manner, withdraw my request for MAID

Signature of Patient		
Signature of Patient	Print Name	Date Signed

**Proxy Signature (if required)**

*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 the person's behalf and under the person's express direction*

- I am at least 18 years of age.
- I understand the nature of this person's request for MAID.
- 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.
- I am signing on behalf of \_\_\_\_\_ in their presence and under their express direction.  
(Patient Name)

Signature of Proxy		
Signature of Proxy	Print Name	Date Signed
Relationship to Person requesting MAID		Phone Number

**Confirmation of Independent Witness**

By checking the boxes and signing below, I confirm that:

- \* 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.
- \* I know \_\_\_\_\_ the person making this request for MAID personally, or have seen proof of their identity. (Name)
- \* 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 for this person’s death.
- \* 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.
- \* 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.

Signature of Witness			Print Name		
Relationship to person requesting MAID		Phone Number		Date Signed	