

Provincial Medical Assistance in Dying (MAiD) Clinic Referral & Intake Form

Date of Referral / Request:

Urgency: 1 Wk. 2-4 Wks. 2-3 Months.

Referral Source: MD NP Specialist Patient

Reason for Referral/Request: Formal MAiD Assessment Information / Education

Medical Condition/Diagnosis causing request for MAiD:

Patient Information:

Name:
Date of Birth:
Health Card Number:
Address :
Phone:
Alternate Phone:
Email Address:

Primary Support Person:

Name:
Relationship to Patient:
Contact Information:

Is patient currently known to the Provincial Integrated Palliative Care and/or Provincial HomeCare support programs: No Yes: Which Team? :

History of Present Illness/Brief Health History (relevant to request):

Other relevant info:

Please submit completed form via fax to 902-288-1049 or email pmc@ihis.org

Referral Source: _____ Signature: _____

Office Use Only:

County: Prince Queens Kings