



Patient Label

Medical Assistance in Dying
CONFIRMATION OF CAPACITY CONSULT

PATIENT INFORMATION

Form section for Patient Information including Last Name, First Name, Second Name(s), Personal Health Number (PHN), Birthdate, Gender, and Medical Diagnosis.

REFERRING PRACTITIONER

Form section for Referring Practitioner including Last Name, First Name and Initial, License #, Phone Number, Mailing Address, City, Postal Code, Specialty, and Location of Assessment.

CONSULTANT PRACTITIONER

Form section for Consultant Practitioner including Last Name, First Name, CPSNL License #, Phone Number, Mailing Address, City, Postal Code, Specialty, and Location of Assessment.

CONSULTANT PRACTITIONER ASSESSMENT AND DETERMINATION OF PATIENT'S CAPABILITY TO PROVIDE INFORMED CONSENT

Form section for assessment including Date(s) of Examination(s) and a field for Document assessment process and findings in the medical record.

Confirmation

Confirmation section with checkboxes for 'I confirm that on this/these dates, I met with the patient...' and 'I have assessed the patient in person and have determined:'. Includes fields for Initials and a choice between 'The patient does not have capability' and 'The patient has capability'.

I have discussed my findings with the patient, and will advise the referring practitioner.

CONSULTANT PRACTITIONER SIGNATURE

Signature section for the Consultant Practitioner including Practitioner Signature, License #, Date, and Time.

THIS FORM DOES NOT CONSTITUTE LEGAL ADVICE; it is an administrative tool that must be completed for medical assistance in dying.

Please return a copy of this form to Central Health's Health Information and Management Department by mail (to one of the addresses below) and retain original in patient's Health Care Record.

Health Information and Management  
James Paton Memorial Regional Health Centre  
125 Trans Canada Highway  
Gander, NL A1V 1P7

Health Information and Management  
Central Newfoundland Regional Health Centre  
50 Union Street  
Grand Falls-Windsor, NL A2A 2E1

**This form was modified from the British Columbia Ministry of Health form HLTH 1635**