**MAiD ASSESSMENT**

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| **Patient’s full name:** | **PHN:** | **DOB:** | | **Age (years):** |
| **Address:** | **Phone numbers:** | | **Email:** | |
| **MRP:** | **Paris ID:** | | **Other contacts (e.g. partner):** | |

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| **Assessor name:** | **MSP number** (if applicable): | **College ID:** |
| **Assessor contact info:** | **Specialty:** | **Prior involvement with patient:** |

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| **Date of request (1632):** | **Witness (1632):** | | **Date witness signed request:** |
| **Date referral received:** | **Referral for assessment as:**  Provider / assessor | | **Other assessor:** |
| **Assessment status at referral date:** | | **Care Coordinator:** | |

**Preparation**

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| **Review of medical records** and times: |
| **Other preparation (e.g. telephone calls)** and times: |

**MAiD assessment**

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| **Date(s):** | **F2F / video / telephone:** |
| **Location(s):** | **Telemedicine witness/profession/college ID:** |
| **People present (incl. interpreter):** | **Patient’s ID confirmed?** |
| **Witness (1632) not will beneficiary?** | **Request (1632) meets requirements?** |

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| **Prior request for MAiD?:** |
| **Life story:** |
| **Social situation:** |
| **Patient’s understanding of medical condition(s):** |
| **Informed of grievous and irremediable medical condition?** |
| **Background to and reasons for request. How and when was MAiD decision made?** |
| **Intentions re MAiD (when?):** |
| **Details of (a) current symptoms and (b) suffering** (BC forms list: loss of ability to engage in activities making life meaningful; loss of dignity; isolation or loneliness; loss of ability to perform ADLs; loss of control of bodily functions; perceived burden on family, friends or caregivers; inadequate pain control/concern about it; inadequate control of other symptoms/concern about it; emotional distress/anxiety/fear/existential suffering; loss of independence; other): |
| **Functional status** (BC forms list: unable to do most/all ADLs/IADLs; reduced/minimal oral intake/difficulty swallowing; dependence on life-sustaining treatments; significant dependence on aids for interaction/mobility; severe SOB; persistent extreme fatigue/weakness; cachexia; persistent, significant, escalating chronic pain; other): |
| **Mental health:** |
| **Discussion of means to relieve suffering, including palliative care:** |
| **Palliative care received? Duration?** |
| **Disability support services/care? Duration?** |
| **Discussion of alternatives to MAiD including hospice palliative care, continuous palliative sedation:** |
| **Others in life, involvement, views, children affected:** |
| **Relevant spiritual, religious, ethical beliefs:** |
| **Coercion assessment:** |
| **Feelings of burden?** |
| **Mental state** (subjective/objective): |
| **Capacity assessment** (communication; understanding (circumstances); appreciation (options); reasoning (pros/cons); note collateral info): |
| **Understanding that request can be withdrawn at any time and in any manner?** |
| **Understanding of effect of MAiD medication (death)?** |

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| **PMH:** | | |
| **Current medications:** | | |
| **Allergies:** | | |
| **Previous reaction to anaesthetic?** | **Coronary bypass?** | **Heart valve replacement?** |
| **Pacemaker?** | **ICD?** | **Surgery within last 28 days?** |
| **Environ./occup./lifestyle?** | **Organ transplant?** | **Hx difficult venous access?** |
| **Long-term venous access?** (e.g. Port-a-Cath or PICC) | | |
| **Relevant physical examination:** | | |

**Conclusions**

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| **Serious and incurable illness, disease or disability (SIIDC) other than mental illness?** |
| **Advanced state of irreversible decline in capability (ASIDC)?** |
| **SIIDD or ASIDC causing subjectively intolerable suffering that cannot be relieved acceptably** (meaningful activity, dignity, isolation/loneliness, ADLs, bodily functions, burden, pain/concerns, other symptoms/concerns, other)? |
| **Need for further expertise** (note track 2 requirements): |
| **Track 2 cases: fully informed of means available to relieve suffering, offered relevant consultations, discussed with both assessors, and given serious consideration to those means:** |
| **Conclusion on eligibility:** |
| **Reasonable foreseeability of natural death (RFND):** |
| **Conclusion on track:** |
| **Discussion of eligibility and track:** |
| **If ineligible, discussion of right to further assessment:** |

**Next steps**

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| **Discussion/preferences re IV or oral MAiD:** | |
| **Discussion of process** (medications, continence, etc.): | |
| **Discussion of waiver** (explanation, date, additional terms, non-binding): | |
| **Conclusions on waiver:** | |
| **Anticipated date of MAiD:** | **Anticipated location of MAID:** |
| **Specific wishes** (people, music, etc.): | |
| **Will in place?** | **Funeral home arrangements:** |
| **DNR** (explain still required, suggest keep on fridge door): | |
| **Wishes re MAiD document copies (e.g. emailed to patient; consider waiver on fridge door)?** | |
| **Discussion re organ donation** (where appropriate, < 80 years, not metastatic cancer): | |
| **Further discussion:** | |
| **Next steps:** | |

**Complex cases: further steps**

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**Time tracking**

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| **Times: preparation, review of medical records** (from above): |
| **Times: with patient:** |
| **Times: documentation, MAiD forms, communication with program:** |
| **Times: complex cases — further steps:** |

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