Alberta Health Services

Last Name *(legal)*	First Name *(legal)*
PHN	Date of Birth *(dd-Mon-yyyy)*

Combined Assessment/Providing Practitioner Record For Medical Assistance in Dying

(Provider – Track 2 Additional Questions)

Complete and fax within 24 hours to:

- Medical Assistance In Dying Reporting *(if only assessing);* **OR**
- Medical Assistance In Dying MAID Reporting AND Medical Examiner's Office *(if assessing and providing)*

For Patient whose Natural Death in NOT Reasonably Foreseeable

What is the expertise of the practitioner as it relates to the condition that is causing the patient's suffering?

☐ Cardiology
☐ General Internal Medicine
☐ Geriatric Medicine
☐ Nephrology
☐ Neurology
☐ Oncology
☐ Psychiatry
☐ Pain Management
☐ Respiratory Medicine
☐ Other *(specify)* _____

Which means to relieve the patients suffering were discussed and offered to the patient? *(check all that apply)*

☐ Pharmacological
☐ Non-pharmacological *(e.g. neuro stimulation, ECT)*
☐ Counselling
☐ Mental Health Support
☐ Disability Supporty
☐ Community Services - Income
☐ Community Services - Housing
☐ Community Services - Other
☐ Health care services including palliative care
☐ Other *(specify)* _____

I and the other assessment practitioner formed the opinion that the patient has given serious consideration to the reasonable and available means to relive their suffering through *(check all that apply)*

☐ Consultation with the patient
☐ Consultation with family/friends
☐ Consultation with professional care/medical providers
☐ Accepted/attempted multiple treatment appropriate for the condition
☐ Receptive to discussion on available means to relieve suffering
☐ Review of medical records
☐ Other *(specify)* _____

Practitioner Name	Date *(dd-Mon-yyyy)*