

Patient Name
Date of Birth (yyyy-mm-dd)
Personal Health Number (PHN)

This information is collected under the authority of sections 20, 21, 22(2)(d) and (g) of the Health Information Act, the Regulations for the Monitoring of Medical Assistance in Dying (Canada) and O.C. 142/2016 and O.C. 320/2016 for the purpose of confirming that the requirements of standards of practice and legislation applicable to medical assistance in dying are met and for the purposes set out in section 27(1)(g), 27(2)(a), (b), and (d) of the Health Information Act. If you have any questions about the collection of this information, please contact the Health Information Act Help Desk, Alberta Health, PO Box 1360 Station Main, Edmonton, AB, T5J 2N3 or by phone at 780-427-8089 or toll free in Alberta at 310-0000, then 780-427-8089, or by email at hiahelpdesk@gov.ab.ca.

Upon completion, please fax to MAiD Reporting at **403-592-4266** or **1-888-220-2729**

A. Date of referral (yyyy-mm-dd)	
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B. Client/Patient Identifying Information			
Last Name	First Name	Middle Name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of Birth (yyyy-mm-dd)	Personal Health Number (PHN)	Province of PHN	Postal Code associated to PHN

C. Assessing Specialist Information: <i>Provide your information as the Assessing Specialist.</i>			
Last Name	First Name	Designation <input type="checkbox"/> MD <input type="checkbox"/> NP	
CPSA/ CARNA Registration #			
If you are a physician, please indicate your specialty:			
<input type="checkbox"/> Anaesthesiology	<input type="checkbox"/> Cardiology	<input type="checkbox"/> Family Medicine	
<input type="checkbox"/> General Internal Medicine	<input type="checkbox"/> Oncology	<input type="checkbox"/> Nephrology	
<input type="checkbox"/> Neurology	<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Palliative Medicine	
<input type="checkbox"/> Respiratory Medicine	<input type="checkbox"/> Other – specify: _____		
Mailing Address at Primary Place of Work	City/Town	Province Alberta	Postal Code
Telephone Numbers	Email Address used for work	Have you seen this patient for medical care other than MAiD? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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D. Reason for Referral

E. Specialist Assessment of Eligibility
Date of Assessment <i>(yyyy-mm-dd)</i>
Discussion of findings related to assessment

F. Supplementary Information <i>(Provide additional supplementary information)</i>

G. Signature	
Date <i>(yyyy-mm-dd)</i>	Specialist Assessor Signature