



**Medical Assistance In Dying (MAID)
Patient Request and Consent Form**

Surname:	First Name:
Date of Birth:	Age:
MCP Number:	
Address:	
Postal Code:	
Telephone:	
Primary Care Provider Name:	

Please review this form carefully. Feel free to ask any questions about this form, now or at any time during your interactions with your health care providers.

SECTION 1: PART A - WRITTEN PATIENT REQUEST

- The process of requesting medical assistance in dying (MAID) involves making a written request.
- This request must be signed and dated in front of an independent witness.
- The independent witness must also sign and date the request.
- If you are physically unable to sign and date this request, you can ask another person (a proxy) to sign it for you. There are specific rules about who can sign, which you will find below.

By checking the boxes and signing below, I confirm that:

<input type="checkbox"/>	I am making a request for MAID of my own free will, without any influence or pressure from others.
<input type="checkbox"/>	I am aware I will be assessed by a minimum of two independent physicians and/or nurse practitioners to confirm I meet all of the eligibility criteria for MAID.
<input type="checkbox"/>	I am aware that I may, at any time, in any manner, withdraw my request for MAID.

Patient Signature

Signature of Patient	Print Name	Date Signed
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Proxy Signature (if required)

<input type="checkbox"/>	I am at least 18 years of age.	
<input type="checkbox"/>	I understand the nature of this person's request for MAID.	
<input type="checkbox"/>	I am not a beneficiary under the Will of the person making this request for MAID, or a recipient in any other way of financial or other material benefit resulting from this person's death.	
<input type="checkbox"/>	I am signing this document on behalf of: _____ in their presence and under their express direction.	
Signature of Proxy	Print Name	Date Signed
Address	Phone Number	



Surname:	First Name:
Date of Birth:	Age:
MCP Number:	
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Telephone:	
Primary Care Provider Name:	

SECTION 1: PART B - Confirmation of Independent Witness

By checking the boxes and signing below, I confirm that:

<input type="checkbox"/>	I am at least 18 years of age, and I understand that I have been requested to provide written confirmation that I witnessed the signature of the person making this request for MAID.
<input type="checkbox"/>	I know _____, the person making this request for MAID, personally or I have seen proof of their identity.
<input type="checkbox"/>	I am not a beneficiary under the Will of the person making this request for MAID, or a recipient in any other way of financial or other material benefit resulting from this person's death.
<input type="checkbox"/>	I am not an owner or operator of the health care facility where the person making this request for MAID resides or is receiving treatment.
<input type="checkbox"/>	The person making this request for MAID (or their proxy, in the presence and at the express direction of the patient) signed this request for MAID in my presence.

Signature of Witness	Print Name	Date Signed
Relationship to Person Requesting MAID		Phone Number