Health PEI
Provincial Medical Assistance in Dying (MAiD) Program

[Patient Label]

☐ First Assessment
☐ Second Assessment

Medical Assistance in Dying (MAiD)
Assessment Form

Medical Diagnosis Leading to MAiD Assessment:

Other relevant diagnoses:

MAiD Eligibility Criteria	**YES**	**NO**
• Eligible to receive health services in Canada		
• 18 years of age or older		
• Has a grievous and irremediable medical condition, i.e., a serious, incurable illness, disease, or disability, AND is in an advanced state of irreversible decline in capability		
• Aware of their diagnosis, prognosis, and treatment options, including the availability of Palliative Care		
• The patient has enduring physical or psychological suffering that is intolerable, and cannot be relieved in a way that is acceptable to the patient		
• Capable of making decisions with respect to MAID		
• Has made voluntary request for MAID		
• Has signed and dated the *"Medical Assistance in Dying Patient Request and Consent Form"*, including the signature of one independent witness : **Date:** _____		
• Has been fully informed of their right to rescind their request for MAID at anytime		
• A natural death **IS** reasonably foreseeable		
• If a natural death **IS NOT** reasonably foreseeable, and the person is not at risk of losing capacity: • The **start** date of the 90-day waiting period is: _____ • The **end** date of the 90-day waiting period is _____		
• Has a final consent waiver been signed? (If applicable) • Date Signed: _____/_____/_____ (DD/MM/YYYY)		

Physician/Nurse Practitioner Declaration—Patient is Eligible for MAiD
I have determined that the above names patient meets the eligibility criteria for MAiD

_____	_____	_____	_____
Physician/Nurse Practitioner (Print)	Physician/Nurse Practitioner (Sign)	License #	Date

Physician/Nurse Practitioner Declaration—Patient is Ineligible for MAiD
I have determined that the above names patient ***does not meet*** the eligibility criteria for MAiD

_____	_____	_____	_____
Physician/Nurse Practitioner (Print)	Physician/Nurse Practitioner (Sign)	License #	Date