

Santé Î.-P.-É.

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TÉL: 902-288-1096

## Provincial Medical Assistance in Dying (MAiD) Clinic Referral & Intake Form

Date of Referral / Request:			
Urgency:       ☐ 1 Wk.       ☐ 2-4 Wks.       ☐ 2-3 Months.         Referral Source:       ☐ MD       ☐ NP       ☐ Specialist       ☐ Patient         Reason for Referral/Request:       ☐ Formal MAiD Assessment       ☐ Information / Education			
		Medical Condition/Diagnosis causing request for	or MAiD:
		Patient Information: Name: Date of Birth:	Primary Support Person: Name:
Health Card Number: Address:	Relationship to Patient:		
Phone: Alternate Phone: Email Address:	Contact Information:		
Is patient currently known to the Provincial Into programs: No Yes: Which Team?:	egrated Palliative Care and/or Provincial HomeCare support		
History of Present Illness/Brief Health History (relevant to request):			
Other relevant info:			
Please submit completed form via fax to 902-288-1049 or email pmc@ihis.org			
Referral Source:	Signature:		
Office Use Only:			
County: Prince Queens Kings			

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