

If you wish, please feel free to use this record to document the steps of the exploration of your request for medical assistance in dying.

Name: _____

Step 1. Request for Medical Assistance in Dying form completed (date): _____

Step 2. Assessments of eligibility

**These two assessments may take place in either order.*

<p>Assessment by Assessor (Nurse Practitioner or Physician)</p> <p>Name: _____</p> <p>Phone: _____</p>	<p>Appointment</p> <p>Date/Time: _____</p> <p>Date Assessment Completed: _____</p> <p>Decision: Eligible <input type="checkbox"/> Not eligible <input type="checkbox"/></p>
<p>Assessment by Provider (Nurse Practitioner or Physician)</p> <p><i>*This practitioner will be doing the procedure if eligibility is confirmed and if you decide to proceed.</i></p> <p>Name: _____</p> <p>Phone: _____</p>	<p>Appointment</p> <p>Date/Time: _____</p> <p>Date Assessment Completed: _____</p> <p>Decision: Eligible <input type="checkbox"/> Not eligible <input type="checkbox"/></p>

Step 3. Planning

If both MAiD Assessing practitioners agree that you are eligible and you wish to set a date for your assisted death please contact your Prescriber. Please be aware that when you are ready to set a date it may take a few business days to arrange the provision.

**Please make arrangements in advance with a funeral home.*

Funeral home: _____

Phone: _____

**Please consider contacting your life insurance company, if any, to discuss any questions about your policy.*

Additional Notes:
