

# Pharmacy MAiD Form

Page 1

Date:

## Identification and Confirmation

### Patient Information

Name (print)		DOB:
Address		Health Card Number:
Medical Information (only if pertinent to MAiD - allergies, etc.)		

### Physician or Nurse Practitioner Information

Name (print)		Licence #:
Address		
Telephone Number		

### Physician or Nurse Practitioner Confirmations

*I declare that I have received the following confirmations in writing from the above physician or nurse practitioner:*

- The prescribed medication is for this specified patient.
- The prescribed medication is intended for medical assistance in dying for this specified patient.
- This specified patient meets the MAiD eligibility criteria.

Pharmacist Name (print)	
Pharmacist Signature	
Pharmacy Name and Address	

***Note that the intention is NOT that the pharmacist will perform an assessment of the patient's eligibility for MAiD. The assessment is only completed by the physician/nurse practitioner.***

Collaboration and Planning	
Patient Name (print):	Date:
<b>Plan for Prescription Release from Pharmacist</b>	
Release date (YYYY MM DD) <i>Do <b>not</b> release prescription(s) <b>before</b> this date.</i>	
Name (print) of person to whom prescription(s) will be released	
Expiry date of prescription(s) (YYYY MM DD) <i>Do <b>not</b> release prescription(s) <b>on or after</b> this date.</i>	
<b>Patient Counselling Approach</b>	
Name (print) of physician, nurse practitioner or pharmacist who will provide patient counselling	
Name (print) of person to receive patient counselling (if not patient)	
<b>Plan for Concluding MAiD Process</b>	
A plan has been established for how the physician or nurse practitioner will advise the pharmacist about the patient's death.	<input type="checkbox"/> Yes
An approach has been established for the return of any unused drug(s) to the community pharmacy for secure and timely disposal.	<input type="checkbox"/> Yes

Prescription Fulfillment			
Patient Name (print):		Date:	
<b>Dispensing Sign Off</b>			
Dispensed by:	Name of Pharmacist		Licence #
	Signature		Date
Record prescription numbers below for all dispensed MAiD medications:			
Primary MAiD Medications:		Additional Quantity Supply:	
<b>Medication Release Sign Off</b>			
Medication(s) Released by:	Name of Pharmacist		Date
	Signature		
Medication(s) Received by:	Name		Date
	Signature		
Details of Confirming Photo ID, if applicable			
<b>Patient Death Information</b>			
The physician or nurse practitioner will provide the patient's date of death to the pharmacist.			
Date of death			
<b>Return of any Unused Medications to Pharmacist</b>			
The physician or nurse practitioner will notify the pharmacist if any unused medication(s) remain. Together they will determine the approach to return unused medication(s) as soon as possible.			
Medication(s) and quantity returned:			
Returned by:	Name		
	Signature		
Received by:	Name of Pharmacist		
	Signature		
	Date		