

MEDICAL ASSISTANCE IN DYING (MAID) - ASSESSMENT FORM

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If yes, please indicate speciality If either assessor is of the opinion that	 If a natural death IS NOT reasonably foreseeable, and the person is not at risk of losing capacity, the start date of 90-day waiting period is (date (YYYY/MON/DD) MUST be entered): 					
		letermining capacity/e	eligibility			
					ed date to r	eceive
Physician/Nurse Practitioner Assessment Outcome: Please <u>INITIAL ONE</u> of the following:						
I have determined that the above-name	ned patient mee	ets the eligibility crite	eria for M	IAiD.		
I have determined that the above-name	ned patient does	s not meet the eligib	oility crite	eria for MAiD.		
Unable to determine eligibility, pending	g further informa	ation. Please docume	nt on Pag	ge 2.		
Physician/Nurse Practitioner (print)						
I confirm that this clinical encounter	Signature of Phy	ysician/Nurse Practiti	oner l		e (YYYY/MC)N/DD)

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MEDICAL ASSISTANCE IN DYING (MAID) - ASSESSMENT FORM

Assessment Notes and Other Information:						
NOTE: If natural death IS NOT reasonably foreseeable, a discussion and/or consultation with a clinician with expertise in the condition that lead to the request for MAiD is required. Please confirm details with MAiD Nurse Navigator.						

Optional: Palliative Performance Scale (PPS):

Begin at the left column and read downwards until the appropriate ambulation level is reached, then read across to the next column and downwards again until the activity/evidence of disease is located. These steps are to be repeated until all five columns are covered before assigning the actual PPS for that patient. In this way, "leftward" columns (columns to the left of any specific column) are "stronger" determinants and generally take precedence.

PPS Level	Ambulation	Activity and Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity and work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity and work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity with effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable to do normal job /work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable to do hobby/ house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly sit/lie	Unable to do any work Extensive disease	Considerable assistance necessary	Normal or reduced	Full or Confusion
40%	Mainly in bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy with/without confusion
30%	Totally bed bound	Unable to do most activity Extensive disease	Total care	Normal or reduced	Full or Drowsy with/without confusion
20%	Totally bed bound	Unable to do most activity Extensive disease	Total care	Minimal Sips	Full or Drowsy with/without confusion
10%	Totally bed bound	Unable to do most activity Extensive disease	Total care	Mouth care only	Full or Drowsy with/without confusion
0%	Death	-	-	-	-

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