

# MEDICAL ASSISTANCE IN DYING

PACIFIC ASSISTED \* VICTORIA, BC

Dr Jesse A Pewarchuk, MD FRCPC

## REFERRAL FORM

Patient Name (Last, First)	
PHN	
Address and Phone Number	
Date of Birth	

Reason For Referral (check one):

☐

Consult ONLY

☐

Consult + MAID PROCEDURE

☐

1<sup>st</sup> Consult + COORDINATION of REFERRAL for 2<sup>nd</sup> Consult

*Choose this option if you are NOT one of the two physicians confirming eligibility*

Please provide the following checklist (very important):

- ☐ - Referral Letter
- ☐ - Signed, Dated and Witnessed Patient Request Form
- ☐ - Completed Physician Assessment Form (or request for 1<sup>st</sup> Consult if unable to complete)
- ☐ - Any specialist consults discussing diagnosis and prognosis over relevant time frame
- ☐ - Any imaging reports and laboratory reports that are germane to the diagnosis/prognosis

Referring Physician Name:

Referring Physician Signature:

Referring Physician MSP Number:

Physician Telephone Number:

**FAX COMPLETED REFERRAL PACKAGE TO:**

**1-778-747-0385**