



## CHECKLIST FOR DISPENSING PRESCRIBED MEDICATIONS – RISK MANAGEMENT

Medical Assistance in Dying (MAiD)

Information on patient		
First name	Middle name	Surname
Date of birth (YYYY-MM-DD)	Medicare #:	Medical record #
Family physician / Nurse practitioner	Telephone	Diagnosis

\* Legend: N/A = Not applicable

YES	N/A	Checklist
<input type="checkbox"/>	<input type="checkbox"/>	The patient's request form bears the patient's printed name as well as the signatures of the patient or a third party and an independent witness.
<input type="checkbox"/>	<input type="checkbox"/>	<b>MAiD Eligibility Assessment Form (completed by a physician/nurse practitioner)</b> The 1st assessment has been signed and dated by the physician/nurse practitioner who declared the patient eligible for MAiD.
<input type="checkbox"/>	<input type="checkbox"/>	<b>MAiD Eligibility Assessment Form (completed by a physician/nurse practitioner)</b> The 2nd assessment has been signed and dated by the physician/nurse practitioner who declared the patient eligible for MAiD.
<input type="checkbox"/>	<input type="checkbox"/>	An expert report, if required, is present and has been signed and dated.
<input type="checkbox"/>	<input type="checkbox"/>	The patient consent form has been signed and dated by the patient requesting MAiD or a third party*. It has been signed and dated by a witness.
<input type="checkbox"/>	<input type="checkbox"/>	The section on the determination/declaration of eligibility criteria on the patient consent form has been completed, signed and dated by the physician/nurse practitioner.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Natural death not reasonably foreseeable:</b> A waiting period of at least 90 days has elapsed between the date when the 1st assessment was signed (Date: _____ ) and the date for the provision of MAiD, unless otherwise indicated on the form.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Reasonably foreseeable natural death:</b> A waiver of final consent has been signed and dated by the patient requesting MAiD or a third party*. It has been signed and dated by the physician/nurse practitioner (if applicable).
<input type="checkbox"/>	<input type="checkbox"/>	The physician/nurse practitioner responsible for the 1st assessment is licensed to practise in New Brunswick.
<input type="checkbox"/>	<input type="checkbox"/>	The physician/nurse practitioner responsible for the 2nd assessment is licensed to practise in New Brunswick.
<input type="checkbox"/>	<input type="checkbox"/>	The expert, if required, is licensed to practice in New Brunswick.



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Medical Assistance in Dying (MAiD)

This Vitalité Health Network checklist confirms that the documents requiring signature for MAiD are present and have been signed and dated.

Date of administrative verification (AAAA-MM-JJ): \_\_\_\_\_

Names of people who participated in checklist:

\_\_\_\_\_  
(Advisor's name)

\_\_\_\_\_  
(Advisor's name)

\_\_\_\_\_  
(Advisor's name, if applicable)

\_\_\_\_\_  
Senior advisor's name  
(please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
YYYY-MM-JJ