Practitioner Name	Email Address		Phone Number	
TO:				
🗌 Ministry of Health - MAiD Oversight Unit	Fax: 778-698-4678			
Health Authority MAiD Care Coordination	n Services (If required)			
○ Fraser Health	Fax: 604-523-8855			
\bigcirc Interior Health	Fax: 250-469-7066			
\bigcirc Island Health	Fax: 250-519-3669			
🔿 Northern Health	Fax: 250-565-2640			
🔿 Vancouver Coastal Health	Fax: 1-888-865-2941			
\bigcirc Provincial Health Services Authority	Fax: 604-829-2631			
MAID REPORTING TYPES AND FORMS CHECKLIS	Т			
Reporting:		Reporting Deadline		
MAID Death		72 hours from MAiD Death		
O Patient is Ineligible or becomes Ineligible		30 days from the practitioner being notified		
O Discontinuation of Planning - Patient Died Prior to MAiD Provision		30 days from the practitioner being notified		
O Discontinuation of Planning - Patient Wit	30 Days from the	e practitioner being notified		
MAiD Death: Required Forms Checklist				
HLTH 1632 Form				
Note: If HLTH 1632 form version is prior to December 28, 2022 please include 1632a Additional Information Attachment				
HLTH 1633 Form				
HLTH 1634 Form				
HLTH 1635 Form (If applicable)				
HLTH 1645 Form (If applicable)				
Rx/MAR Form				
Ineligible or Discontinuation of Planning: Required Forms Checklist				
MAID Assessor*	_	MAID Prescriber		
HLTH 1632 (Mandatory) **HLTH 1632a if applicable	HLTH 1632 (Mandatory) **HLTH 1632a if applicable			
HLTH 1633 Form		HLTH 1634 Form and/or HLTH 1633 Form		
☐ HLTH 1635 Form (If applicable)		HLTH 1635 Form (If applicable)		
		• • • •		
* If the patient has NOT been assessed by a of the practitioner that completed the HL		-	port is the responsibility	
** If HLTH 1632 form version is prior to December 28, 2022 please include 1632a Additional Information Attachment				

Medical Assistance in Dying

(OPTIONAL)

REPORTING SUBMISSION CHECKLIST

BRITISH COLUMBIA Health

FROM: