



Medical Assistance in Dying
REQUEST FOR MEDICAL ASSISTANCE IN DYING
ADDITIONAL INFORMATION ATTACHMENT

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If a written Request for MAiD was completed using the old (2-page) HLTH 1632 Request for MAiD form and assessments begin on or after January 1, 2023, the following questionnaire must be completed and attached to the existing HLTH 1632 Request for MAiD form.

REQUESTOR ADDITIONAL INFORMATION

Last Name, First Name, Second Name(s), Personal Health Number (PHN), Birthdate (YYYY / MM / DD), Sex at Birth (Male, Female, Intersex)

Preferred Gender (Male, Female, X, Specify), I do not consent to provide information

Do you identify as First Nations, Métis and/or Inuk/Inuit? (Yes, No, Do not know, I do not consent to provide this information)
If Yes (select all that apply): First Nations, Métis, Inuk/Inuit

With which racial, ethnic or cultural group do you identify? (choose all that apply): Black, East Asian, Latin American, Middle Eastern, South East Asian, South Asian, White, Another racial, ethnic or cultural group, Do not know, I do not consent to provide this information

In your opinion, do you have a disability? (Yes, No, Do not know, I do not consent to provide this information)
If Yes, what type(s) of disability do you have? (Seeing, Hearing, Mobility, Flexibility, Dexterity, Pain-related, Learning, Mental health related, Memory, Developmental, Other long term condition, Do not know, I do not consent to provide this information)
If Yes, how long have you had your disability? (If more than one disability, indicate the length of the longest disability)
If Yes, how often does your disability limit daily activity? (Never, Rarely, Sometimes, Often, Always, Do not know, I do not consent to provide this information)

Where is your usual place of residence? (Private residence, Hospital, Palliative care facility, Residential care facility, Correctional facility/Prison, Shelter/Group Home, Other, Specify)
If you live in a private residence, who do you live with? (Live with family, Live alone, Live with relatives, Live with non-relatives, Other, Specify)