



FROM:

Table with 3 columns: Practitioner Name, Email Address, Phone Number

TO:

Form with checkboxes for reporting to: Ministry of Health - MAiD Oversight Unit, Fraser Health, Interior Health, Island Health, Northern Health, Vancouver Coastal Health, Provincial Health Services Authority. Includes fax numbers for each.

MAiD REPORTING TYPES AND FORMS CHECKLIST

Table with 2 columns: Reporting (with radio button options for MAiD Death, Ineligible, etc.) and Reporting Deadline (72 hours, 30 days, etc.).

MAiD Death: Required Forms Checklist

Form with checkboxes for required forms: HLTH 1632 Form, HLTH 1633 Form, HLTH 1634 Form, HLTH 1635 Form, HLTH 1645 Form, Rx/MAR Form. Includes a note about HLTH 1632 form version.

Ineligible or Discontinuation of Planning: Required Forms Checklist

Form with checkboxes for required forms for MAiD Assessor\* and MAiD Prescriber. Includes explanatory text for asterisks and a note about HLTH 1632 form version.