



# Medical Assistance in Dying (MAID): Pre-provision Intake Form for Routine Notification

Call TGLN at 1-877-363-8456 or 416-363-4438

Complete prior to calling & have the patient chart available, if applicable

<p>1. Inform the TGLN coordinator immediately that this is a planned MAID provision</p> <p>2. Name of patient: _____ Contact #: _____</p> <p>3. Date of birth: DD ___ MM ___ YY ___</p> <p>4. Gender: Female <input type="checkbox"/> Male <input type="checkbox"/></p> <p>5. Medical record number (if applicable): _____</p> <p>6. OHIP number: _____ Version code: _____</p> <p style="padding-left: 40px;">TGLN number: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span> (Document as per policy)</p> <p>7. Date MAID eligibility confirmed: #1 DD ___ MM ___ YY ___ #2 DD ___ MM ___ YY ___</p> <p>8. Most responsible physician: _____ Contact #: _____</p> <p>9. Current location of patient: Home <input type="checkbox"/> Hospital <input type="checkbox"/> Other: <input type="checkbox"/> If admitted, which unit _____ Contact # _____</p> <p>10. Location of planned MAID provision: _____</p> <p>11. Date/Time of planned MAID provision: DD ___ MM ___ YY ___ HH ___</p> <p>12. Planned date of admission to hospital (if applicable): DD ___ MM ___ YY ___ HH ___</p> <p>13. Diagnosis: _____ If a neurological condition (e.g. ALS or Parkinson's), is there a family history? Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/></p> <p>14. Clinical history: Use the sidebar on the right to indicate a positive history of any of the conditions listed or <input type="checkbox"/> No known history</p> <p>15. NOK Information: Name: _____ Relationship: _____ Cell #: _____ Home #: _____</p>	<p>Eligibility assessed by TGLN on a case-by-case basis</p> <p>Note any of the following:</p> <p><input type="checkbox"/> HIV</p> <p><input type="checkbox"/> Hepatitis B</p> <p><input type="checkbox"/> Hepatitis C</p> <p><input type="checkbox"/> MRSA (current)</p> <p><input type="checkbox"/> VRE (current)</p> <p><input type="checkbox"/> C. Diff (current)</p> <p><input type="checkbox"/> ESBL</p> <p><input type="checkbox"/> CJD (Mad cow)</p> <p><input type="checkbox"/> Rabies</p> <p><input type="checkbox"/> TB</p> <p><input type="checkbox"/> Alzheimer's</p> <p><input type="checkbox"/> Parkinson's</p> <p><input type="checkbox"/> ALS</p> <p><input type="checkbox"/> MS</p> <p><input type="checkbox"/> Leukemia</p> <p><input type="checkbox"/> Lymphoma</p> <p><input type="checkbox"/> Documented Sepsis</p> <p><input type="checkbox"/> Isolation precautions</p>
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After conversation with TGLN the patient is:

Eligible for Organ Donation – TGLN will arrange to contact patient/NOK

Eligible for Tissue Donation – TGLN will arrange to contact patient/NOK

Not Eligible for Organ or Tissue Donation – No further call required

Call Initiated by: \_\_\_\_\_ MAID Provider, MD, NP, RN, RPN, RN (EC), RT  
Print Name/Signature

**Language to Connect families with TGLN (for reference only)**

**Introducing and normalizing donation at end-of-life.**

*“One of the things we let all our patients know is that you may be eligible for organ and tissue donation. We will be notifying Trillium Gift of Life Network and if you are eligible we will help facilitate a conversation with a coordinator about the opportunity to help others through donation.”*

**Follow up with patient following the call to TGLN for routine notification and eligibility.**

If patient may be eligible to donate:

*“We have talked with TGLN and they would like to arrange a call with you.”*

If patient is not eligible to donate:

*“We have spoken to TGLN and learned you are not a candidate for donation.”*

**Responding to Questions**

**How do I respond if the patient states “I don’t want to speak to TGLN” or “I don’t want to donate”**

TGLN suggested response:

*“We encourage all our patients to speak with TGLN as sometimes people aren’t aware of new information on who can be helped or may have misunderstandings about the process.”*

Follow up response if the person still does not wish to speak to TGLN after this recommendation:

*“If you feel strongly that this is not something you would like to have happen, we can advise TGLN you do not wish to speak to them.”*

**How do I respond if the patient has questions about who can donate and eligibility criteria?**

*“TGLN staff are the specialists in this field. Criteria is updated frequently, so we rely on their expertise regarding this.”*

**Thank you for your notification.**