



REQUEST FOR ASSISTANCE MAKING, MODIFYING OR WITHDRAWING AN ADVANCE REQUEST FOR MEDICAL AID IN DYING

| Last name | | | | | |
|----------------------|--|------------|---|----------|-------|
| First name | | | | | |
| | | Year | | Month | Day |
| Date of birth | | | ı | | |
| Health Insurance No. | | | | Year | Month |
| | | Expiration | ۱ | | |
| Address | | | | Postal o | ode |
| Area code | | | | | |
| Phone No. | | | | | |

This form is a tool for health care and social service professionals to use to support patients who do not have access to a competent professional¹ under the *Act respecting end-of-life care* (chapter S-32.0001)² who wish to make, modify or withdraw an advance request for medical aid in dying from the advance request for medical aid in dying registry.

Assistance making or modifying an advance request for medical aid in dying

Based on the discussions and information shared during our meeting, the patient wishes to receive assistance from a competent professional to make or modify an advance request for medical aid in dying.

Assistance withdrawing an advance request for medical aid in dying

Based on the discussions and information shared during our meeting, the patient wishes to receive assistance from a competent professional to submit a request to withdraw an advance request for medical aid in dying.

| Assistance request transfer | | | | | | | | |
|--|--------|---------------|---------------------|--|--|--|--|--|
| Hospital ³ : Full name of hospital president and executive director or executive director, as applicable, or any other person designated by them: | | | | | | | | |
| Health care or social services professional information | | | | | | | | |
| Full name of professional: | Title: | Per | mit to practice No. | | | | | |
| Email address | Area o | ode Phone No. | | | | | | |
| Signature of professional | | Date | Year Month Day | | | | | |

The original version of this document must be filed in the medical records of the person requesting assistance to make, modify or withdraw an advance request for medical aid in dying.

^{1 &}quot;Competent professional" means a physician or a specialized nurse practitioner, in accordance with section 3.1 of the Act respecting end-of-life care (chapter S-32.0001).

² S-32.0001 - Act respecting end-of-life care

³ Hospital located in the region where the patient wishes to make, modify or withdraw an ARMAID