Date:_____

SURVEY: Registration for the Clinician Referral Service for Medical Assistance in Dying

The Ministry of Health and Long-Term Care (MOHLTC) has established a toll-free referral support line (1-844-243-5880) to help Ontario clinicians to arrange for assessment referrals and consultations for patients requesting medical assistance in dying (MAID). This referral support line will be operational as of June 6, 2016, pending the voluntary registration of willing clinicians. To support the operation of the support line, your participation is requested.

Please provide the following information:

1. **Clinician full name:** _____
2. **Clinician Type (i.e., Physician or Nurse Practitioner):** _____
3. **Phone number:** _____
4. **Email address:** _____
5. **Regulatory College Registration #:** _____
6. **OHIP billing number (if applicable):** _____
7. **Local Health Integration Network:** Select one _____
8. **Postal code for practice location:** _____

9. **In what way would you be potentially willing to participate in assisted dying for eligible patients? *(check all that apply)***

- ☐ I would not be willing to participate in any aspect of assisted dying
- ☐ I would be willing to write a prescription for patient-administered assisted dying
- ☐ I would be willing to provide an injection for clinician-administered assisted dying
- ☐ I would be willing to provide a second opinion/assessment but not participate in the provision of assisted dying

10. **Are you currently practicing in a rural/remote community?**

- ☐ No
- ☐ Yes

  If yes, do you have access to the Ontario Telemedicine Network?: _____

(please turn over)

11.* What language(s) do you offer clinical services in? *(check all that apply)

- ☐ English
- ☐ French
- ☐ Other (please specify): _____

Information Release Consent:

I, _____ (please print full name), permit MOHLTC to disclose my name, contact information, and the fact that I am willing to: ***(please check all that apply)***

- ☐ accept a patient who has indicated an intention to make a request for MAID for assessment and consultation

- ☐ provide a second opinion (confirming whether or not a patient satisfied the eligibility requirements for MAID)

to another clinician for the purpose of helping to facilitate access to MAID.

_____

Clinician's Signature *OR*
If filling out electronically, please click checkbox to indicate your consent: ☐

Clinicians are asked to complete and submit the survey either electronically to MAIDregistration@ontario.ca or by mail to:

MAID Clinician Registration
Strategic Policy Branch, Ministry of Health and Long-Term Care
80 Grosvenor Street, 8th Floor
Toronto, Ontario M7A 1R3