

END-OF-LIFE OPTION ACT CONSULTING PHYSICIAN COMPLIANCE FORM

PATIENT INFORMATION

Patient's Name: _____
(last) (first) (M.I.)

Date of Birth: _____

ATTENDING PHYSICIAN INFORMATION

Physician's Name: _____
(last) (first) (M.I.)

Telephone Number: _____

CONSULTING PHYSICIAN'S REPORT

1. Terminal Disease _____ Date of Examination(s) _____
2. Check boxes for compliance. *(Both the attending and consulting physicians must make these determinations.)*
- 1. Determination that the patient has a terminal disease.
 - 2. Determination that the patient has the capacity to make medical decisions.¹
 - 3. Determination that patient is acting voluntarily.
 - 4. Determination that patient has made his/her decision after being fully informed of:
 - a. His or her medical diagnosis; and
 - b. His or her prognosis; and
 - c. The potential risks associated with taking the drug to be prescribed; and
 - d. The potential result of taking the drug to be prescribed; and
 - e. The feasible alternatives, including, but not limited to, comfort care, hospice care, palliative care and pain control.

¹ "Capacity to make medical decisions" means that, in the opinion of an individual's attending physician, consulting physician, psychiatrist, or psychologist, pursuant to Section 4609 of the Probate Code, the individual has the ability to understand the nature and consequences of a health care decision, the ability to understand the significant benefits, risks, and alternatives, and the ability to make and communicate an informed decision to health care providers.

PATIENT'S MENTAL STATUS

Check one of the following (required):

- I have determined that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.
- I have referred the patient to the mental health specialist² listed below for one or more consultations to determine that the individual has the capacity to make medical decisions and is not suffering from impaired judgment due to a mental disorder.
- If a referral was made to a mental health specialist, the mental health specialist has determined that the patient is not suffering from impaired judgment due to a mental disorder.

MENTAL HEALTH SPECIALIST'S INFORMATION, IF APPLICABLE:

Name

Telephone Number

Date

CONSULTANT'S INFORMATION

Physician Signature

Date

Name (Please Print)

Mailing Address

Telephone Number

City, State, Zip Code

² "Mental Health Specialist" means a psychiatrist or a licensed psychologist.