The patient listed above has self-referred to the Waterloo Wellington Coordination of Care Service (WWCCS) and/or the WWLHIN for MAID Eligibility Assessments.

Clinician referral received for MAID Eligibility Assessments.

The following medical information is required (as applicable) to support timely processing of referrals for MAID eligibility assessments.

If available, supporting documentation has been pulled from Clinical Connect.

Please gather further documentation indicated below & fax to the assessing clinician(s).

*The assessing clinician(s) may contact you to request additional information.*

Assessing Clinician 1: ___________________________ Phone: ___________ Fax: ___________

Fax instructions: ________________________________________________________________

Assessing Clinician 2: ___________________________ Phone: ___________ Fax: ___________

Fax instructions: ________________________________________________________________

- Relevant Lab/Imaging (within 6 months)
- Medical history related to diagnosis
- Medical Prognosis
- PPS/Frailty scores
- Coordinated Care Plan if Applicable
- Palliative/Other Specialty Consultation
- CPP (Diagnoses, Medications)
- Other pertinent information (example: patient’s formal written request (e.g. MOH Form A), if available)

The information contained in this communication is private and confidential, intended only for the named recipient(s). If received in error, please notify the sender by telephone immediately and keep the information in a secure manner until further direction is given by the sender. Do not copy the information or disclose it to any other person.

L’information contenue dans la présente communication est privée, confidentielle et réservée au(x) ou aux destinataire(s) nommé(s). Si vous l’avez reçue par erreur, veuillez le signaler immédiatement à l’expéditeur et garder l’information en sécurité jusqu’à ce que celui-ci vous donne d’autres instructions. Ne copiez pas l’information.