

CONSULTING PHYSICIAN COMPLIANCE FORM

A PATIENT INFORMATION	
PATIENT'S NAME (LAST, FIRST, M.I.)	DATE OF BIRTH

B ATTENDING PHYSICIAN	
ATTENDING PHYSICIAN'S NAME (LAST, FIRST, M.I.)	TELEPHONE NUMBER () —

C 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.)	
<input type="checkbox"/> 1. Determination that the patient has a terminal disease. <input type="checkbox"/> 2. Determination that patient has the mental capacity to make medical decisions.** <input type="checkbox"/> 3. Determination that patient is acting voluntarily. <input type="checkbox"/> 4. Determination that patient has made his/her decision after being fully informed of: <input type="checkbox"/> a) His or her medical diagnosis; and <input type="checkbox"/> b) His or her prognosis; and <input type="checkbox"/> c) The potential risks associated with taking the drug to be prescribed; and <input type="checkbox"/> d) The potential result of taking the drug to be prescribed; and <input type="checkbox"/> e) The feasible alternatives, including, but not limited to, comfort care, hospice care, palliative care and pain control.	

D PATIENT'S MENTAL STATUS		
Check one of the following (required):		
<input type="checkbox"/> 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.		
<input type="checkbox"/> I have referred the patient to the mental health specialist**** 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.		
<input type="checkbox"/> 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 NAME	TELEPHONE NUMBER () —	DATE

E CONSULTANT'S INFORMATION	
PHYSICIAN'S SIGNATURE	DATE
NAME (PLEASE PRINT)	
MAILING ADDRESS	
CITY, STATE AND ZIP CODE	TELEPHONE NUMBER () —

** "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 its significant benefits, risks, and alternatives, and the ability to make

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