

CONSULTING PHYSICIAN'S COMPLIANCE FORM

D.C. Official Code § 7-661.01 *et seq.*
Send this form to the Attending Physician

A PATIENT INFORMATION		
PATIENT'S NAME (LAST, FIRST, MIDDLE.)	PATIENT ID #	DATE OF BIRTH
SOCIAL SECURITY NUMBER		

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

C CONSULTANT'S REPORT	
1. MEDICAL DIAGNOSIS	DATE OF EXAMINATION
1a. PROGNOSIS	
2. Check boxes for compliance. <i>(The consulting physician must make these determinations.)</i>	
<input type="checkbox"/> 1. Determination that the patient has a terminal disease. <input type="checkbox"/> 2. Determination that patient is capable.** <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: <ul style="list-style-type: none"> <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 a covered medication; <input type="checkbox"/> d. The potential result of taking a covered medication; and <input type="checkbox"/> e. The feasible alternatives to taking a covered medication including comfort care, hospice care, and pain control; 	
Comments:	

D PATIENT'S MENTAL STATUS			
Check one of the following <i>(required)</i> :			
<input type="checkbox"/> I have determined that the patient is not suffering from a psychiatric or psychological disorder, or depression, causing impaired judgment, in conformance with D.C. Official Code § 7-661.01.			
<input type="checkbox"/> I have referred the patient to the provider listed below for evaluation and consulting for a possible psychiatric or psychological disorder, or depression causing impaired judgment.			
PSYCHIATRIC/PSYCHOLOGY CONSULTANT'S NAME	DISCIPLINE	BUSINESS TELEPHONE NUMBER () —	DATE

E CONSULTANT'S INFORMATION		
X	PHYSICIAN'S SIGNATURE	DATE
	NAME (LAST, FIRST, M.I.)	
	BUSINESS ADDRESS	
	D.C. LICENSE NUMBER	
	CITY, STATE AND ZIP CODE	TELEPHONE NUMBER () —

**"Capable" means that, in the opinion of a court or the patient's attending physician, consulting physician, psychiatrist, or psychologist, a patient has the ability to make and communicate health care decisions to health care providers.