END-OF-LIFE OPTION ACT CONSULTING PHYSICIAN COMPLIANCE FORM

PA	TIENT INFORMATION			
Pat	tient's Name:			
1 4	(last)	(first)	(M.I.)	
Da	te of Birth:			
ΔΤ	TENDING PHYSICIAN INFORMATION			
Ph	ysician's Name:		(MI)	
	(last)	(first)	(M.I.)	
Telephone Number:				
CONSULTING PHYSICIAN'S REPORT				
1.	Terminal Disease	Date of Exa	amination(s)	
		_ ****	(2)	
2.	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, inc care and pain control. 	cluding, but not limited to, comfort ca	re, hospice care, palliative	

^{1 &}quot;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 inflormed decision to health care providers.

PATIENT'S MENTAL STATUS			
Check one of the following (required):			
☐ I have determined that the individual has the capacity from impaired judgment due to a mental disorder.	· · · · · · · · · · · · · · · ·		
☐ I have referred the patient to the mental health specialist² listed below for one or more consultation 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 APPLICA	ABLE:		
Name			
Telephone Number	Date		
CONSULTANT'S INFORMATION			
Physician Signature	Date		
Name (Please Print)			
Mailing Address	Telephone Number		
City, State, Zip Code			

^{2 &}quot;Mental Health Specialist" means a psychiatrist or a licensed psychologist.