



## ATTENDING PHYSICIAN'S COMPLIANCE FORM

**MAIL FORM TO: State Registrar, Center for Health Statistics,  
P.O. Box 47856, Olympia, WA 98504-7856**

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

B PHYSICIAN INFORMATION	
NAME (LAST, FIRST, M.I.)	TELEPHONE NUMBER (     )     -
MAILING ADDRESS	
CITY, STATE AND ZIP CODE	

C ACTION TAKEN TO COMPLY WITH LAW	
<b>1. FIRST ORAL REQUEST</b>	
First oral request for medication to end life	DATE
Comments:	
<i>Indicate compliance by checking the boxes. (Both the attending and consulting physicians must make these determinations.)</i>	
<input type="checkbox"/> 1. Determination that the patient has a terminal disease. <input type="checkbox"/> 2. Determination the patient has six months or less to live. <input type="checkbox"/> 3. Determination that patient is competent.* <input type="checkbox"/> 4. Determination that patient is a Washington state resident.** <input type="checkbox"/> 5. Determination that patient is acting voluntarily. 6. 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 medication to be prescribed; and <input type="checkbox"/> d) The potential result of taking the medication to be prescribed; and <input type="checkbox"/> e) The feasible alternatives, including, but not limited to, comfort care, hospice care and pain control.	
<i>Indicate compliance by checking the boxes.</i>	
<input type="checkbox"/> 1. Patient informed of his or her right to rescind the request at any time. <input type="checkbox"/> 2. Patient recommended informing next of kin. <input type="checkbox"/> 3. Patient counseled about the importance of having another person present when the patient takes the medication(s). <input type="checkbox"/> 4. Patient counseled about the importance of not taking the medication in a public place.	DATE:
<b>2. SECOND ORAL REQUEST (Must be made 15 days or more after the first oral request.)</b>	
<i>Indicate compliance by checking the boxes.</i>	
<input type="checkbox"/> 1. Second oral request for medication to end life. <input type="checkbox"/> 2. Patient informed of the right to rescind the request at any time.	DATE:
Comments:	

