



Queensland
Government

Voluntary Assisted Dying
**Determination
Assessment Report**

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Consulting/coordinating practitioner who sought referral for determination

Name:

Designation:

Organisation:

Address:

Email address:

Phone number:

Fax number:

Referral information

VAD person ID (if known):

Assessment report

Attach additional information if required.

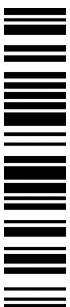
Assessment related to the person's:

- Diagnosis** – the disease, illness or medical condition is advanced, progressive and will cause death
- Prognosis** – the disease, illness or medical condition is expected to cause death within 12 months
- Suffering** – the disease, illness or medical condition is causing suffering that the person considers intolerable
- Decision-making capacity in relation to voluntary assisted dying** – the person is capable of:
 - understanding the nature and effect of decisions about access to voluntary assisted dying;
 - freely and voluntarily making decisions about access to voluntary assisted dying; and
 - communicating decisions about access to voluntary assisted dying in some way
- Voluntariness** – whether the person is acting voluntarily and without coercion

Determination and supporting information:

DO NOT WRITE IN THIS BINDING MARGIN

VAD – DETERMINATION ASSESSMENT REPORT





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Voluntary Assisted Dying
**Determination
Assessment Report**

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URN:

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Address:

Date of birth:

Sex: M F I

Assessment report *(continued)*

Attach additional information if required.

Determination and supporting information:

Important additional information

By completing this determination assessment, you are confirming the following:

- you are not a family member of the person—including their spouse, parent, grandparent, sibling, child, or grandchild
- you are not a person who, under Aboriginal or Torres Strait Island custom, is regarded as a person mentioned above in relation to the person accessing dying
- you do not know or believe you are a beneficiary under the person's will
- you do not know or believe you may otherwise benefit financially or in any other material way from the person's death (other than receiving reasonable fees for the provision of services related to the referral).

Please note:

- you do not need to be an authorised voluntary assisted dying practitioner to complete this assessment
- you do not need to undertake any prior training related to voluntary assisted dying, but may choose to complete the [healthcare worker online education](#).

More information:

- Queensland Health Voluntary Assisted Dying website (www.health.qld.gov.au/vad)
- *Voluntary Assisted Dying Act 2021* (Qld) (www.legislation.qld.gov.au/view/html/asmade/act-2021-017)
- Queensland Voluntary Assisted Dying Healthcare Worker Education (<https://ilearn.health.qld.gov.au/d2l/home/70259>)

Person providing this report

Name:	
Designation:	Organisation:
Address:	
Email address:	
Phone number:	Fax number:
Date the assessment was undertaken:	Date report was sent to coordinating or consulting practitioner:
Signature:	

DO NOT WRITE IN THIS BINDING MARGIN