



COLORADO

Department of Public Health & Environment

Attending Physician Who Prescribes Medical Aid-in-Dying Medication Reporting Form

Mail completed form to:

Colorado Department of Public Health and Environment
 Attn: Kirk Bol, Vital Statistics Program
 4300 Cherry Creek Drive South, Denver, CO 80246-1530

Items that must be submitted:

1. Completed and signed Attending Physician Who Prescribes Medical Aid-in-Dying Medication Reporting Form
2. Copy of patient's written request for aid-in-dying medication
3. Copy of consulting physician's written confirmation of diagnosis, prognosis, and mental capacity determination
4. Copy of mental health provider's written confirmation of mental capacity (if applicable)

(This form may be revised periodically. To assure that you are using the most current version, please refer to: <https://www.colorado.gov/cdphe>)

Please print:

A Patient Information			
Patient's Last Name	Patient's First Name	Middle Initial	Date of Birth
Medical Diagnosis			
B Prescribing Physician Information			
Physician's Last Name	Physician's First Name	Middle Initial	Telephone # ()
Mailing Address			
City, State and Zip Code			
C Actions Taken to Comply with the Law <i>(indicate compliance by checking the appropriate boxes.)</i>			
1. First Oral Request			
<input type="checkbox"/> The patient made an oral request for medical aid-in-dying medication.			Date
2. Second Oral Request (must be made 15 days or more after the first oral request)			
<input type="checkbox"/> The patient made a second oral request for medical aid-in-dying medication.			Date
3. Written Request			
<input type="checkbox"/> The patient made a written request for medical aid-in-dying medication			Date
<input type="checkbox"/> The written request complies with Sections 25-48-104 and 25-48-112, C.R.S. <i>(Please attach a copy of the written request.)</i>			
4. Physician Determinations			
Determined that the patient:			
<input type="checkbox"/> Is suffering with a terminal illness;*			
<input type="checkbox"/> Has a prognosis of six months less;**			
<input type="checkbox"/> Is mentally capable of making and communicating an informed decision <i>(If you obtained a written confirmation of mental capacity from a licensed mental health provider to assist you in making this determination, please attach a copy of the written confirmation.);</i>			
<input type="checkbox"/> Is voluntarily requesting medical aid-in-dying medication that has not been coerced or unduly influenced by others;			
<input type="checkbox"/> Is at least 18 years old and a Colorado state resident;***			
<input type="checkbox"/> Has been notified of the right to recind a request for aid-in-dying medication at any time and in any manner.			

5. Consulting Physician Information			
<input type="checkbox"/> Referred the patient to a second physician for medical confirmation (Please attach a copy of the consulting physician's written confirmation of diagnosis, prognosis, and mental capacity determination.)			
Consulting Physician Last Name	First Name	Middle Initial	Telephone # ()
Mailing Address			
City, State and Zip Code			
D Medication Prescribed and Final Attestation			
1. Medical Aid-in-Dying Medication Prescribed			
Medication	Dose	Date	
2. Medical Aid-in-Dying Medication Dispensed			
<input type="checkbox"/> Dispensed medication directly to the patient.			Date
<input type="checkbox"/> Delivered a written prescription to a licensed pharmacist.			Date
<input type="checkbox"/> Notified pharmacist that the medication was prescribed for the purpose of medical aid in dying pursuant to statute.			Date
Pharmacy Name			Telephone # ()
City, State and Zip Code			
3. Final Attestation			
<input type="checkbox"/> To the best of my knowledge, all of the requirements of the Colorado End-of-Life Options Act have been met.			
Physician's Signature			Date

* Pursuant to Section 25-48-102(16), C.R.S., "Terminal illness" means an incurable and irreversible illness that will, within reasonable medical judgment, result in death.

** Pursuant to Section 25-48-102(12), C.R.S., "Prognosis of six months for less" means a prognosis resulting from a terminal illness that the illness will, within reasonable medical judgment, result in death within six months and which has been medically confirmed.

*** Pursuant to Section 25-48-102(14), C.R.S., residency can only be documented with: 1) Possession of a Colorado driver's license or identification card; 2) a Colorado voter registration card or other documentation showing the individual is registered to vote in Colorado; 3) evidence that the individual owns or leases property in Colorado; or 4) a Colorado income tax return for the most recent tax year. The prescribing physician is required to affirm Colorado residency.