CONSULTING PHYSICIAN'S COMPLIANCE FORM

ORS 127.800 - ORS 127.897

Deliver this form to the attending/prescribing physician.

PLEASE PRINT

A PATIENT INFORMATION

PATIENT'S NAME (LAST, FIRST, M.I.)	DATE OF BIRTH
MEDICAL DIAGNOSIS	OUT-OF-STATE RESIDENT ☐ Yes ☐ No

B REFERRING/PRESCRIBING PHYSICIAN

REFERRING/PRESCRIBING PHYSICIAN'S NAME (LAST, FIRST, M.I.)	TELEPHONE NUMBER

C CONSULTANT'S REPORT

Indicate compliance by checking the boxes.
(Both the attending and consulting physicians must make these determinations.)

DATE

☐ 1. Determination that the patient has a terminal disease.

☐ 2. Determination the patient has six months or less to live.

☐ 3. Determination that patient is capable.**

☐ 4. Determination that patient is acting voluntarily.

☐ 5. 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 medication to be prescribed; and
d) The potential result of taking the medication to be prescribed; and
e) The feasible alternatives, including, but not limited to, comfort care, hospice care and pain control.

Comments:

D PATIENT'S MENTAL STATUS

Check one of the following ***(required)***:

☐ I have determined that the patient is not suffering from a psychiatric or psychological disorder, or depression, causing impaired judgment, in conformance with ORS 127.825.

☐ 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 CONSULTANT'S NAME	TELEPHONE NUMBER	DATE

E CONSULTANT'S INFORMATION

X	PHYSICIAN'S SIGNATURE	DATE
	NAME (PLEASE PRINT)	
MAILING ADDRESS		
CITY, STATE AND ZIP CODE		TELEPHONE NUMBER

** "Capable" means that in the opinion of a court or in the opinion of the patient's attending physician or consulting physician, a patient has the ability to make and communicate health care decisions to health care providers, including communication through persons familiar with the patient's manner of communicating, if those persons are available.

Note: This form is revised periodically. To assure that you are using the most current version, please refer to: http://www.healthoregon.org/dwd