Clear Form

Washington State Department of Health

DOH422-066 May 2022

PSYCHIATRIC/PSYCHOLOGICAL CONSULTANT'S COMPLIANCE FORM

Deliver this form to the referring/prescribing physician who will mail it to:
State Registrar, Center for Health Statistics, PO Box 47856, Olympia, WA 98504-7856

The Washington Death with Dignity Act requires attending physicians who write a prescription for a lethal dose of medication under the Act to report to the Department of Health information that documents compliance with the law. RCW 70.245.150 requires the attending physician to mail this form within thirty (30) calendar days of writing a prescription for a lethal dose of medication. ***Important note: RCW 70.245.150 does not permit forms to be submitted electronically to the Department of Health.*** All individual information will be kept strictly confidential. Aggregate information will be provided on an annual basis. If you have questions about these instructions, please contact DeathwithDignity@doh.wa.gov.

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

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

C.	PSYCHIATRIC / PSYCHOLOGICAL EVALUATION	
	1. MEDICAL DIAGNOSIS:	DATE(S) OF EXAMINATION(S):
	2. PSYCHIATRIC / PSYCHOLOGICAL EVALUATION:	

D.	PSYCHIATRIC/PSYCHOLOGICAL CONSULTANT'S INFORMATION	
	I have determined through evaluation that the above-named patient is not suffering from a psychiatric or psychological disorder or depression causing impaired judgment, in conformance with chapter 70.245 RCW.	
	X CONSULTANT'S ORIGINAL SIGNATURE AND TITLE (e.g., M.D., Ph.D., etc.):	
	CONSULTANT'S NAME (PRINTED):	DATE:
	MAILING ADDRESS (STREET, CITY, STATE AND ZIP CODE):	
	EMAIL ADDRESS:	TELEPHONE NUMBER:

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.