



A complete assessment report includes this Medical Component form, the Functional Component form, and Form 1 called the Report of Assessment of Incapability. PLEASE NOTE: if you are a physician and are conducting both the Medical and Functional Components of the assessment, we do acknowledge some overlap between the two forms. The purpose of this form is to provide guidance to medical practitioners in documenting the results of the medical examination relevant to coming to diagnoses and prognoses relevant to financial incapability.

The information on this form is collected under the authority of the Adult Guardianship Act and Statutory Property Guardianship Regulation Information collected may be used for the purpose of authorizing the Public Guardian and Trustee to act as Statutory Property Guardian under Part 2.1 of the *Adult Guardianship Act*. If you have any questions about the collection and use of this information, please contact the PGT.

Attach additional pages if more space is needed. Upon completion you may send a copy to the adult named in this form.

1. ADULT BEING EXAMINED

| | | |
|--------------------------------|------------------------------|---------|
| Last Name | First Name | Initial |
| Date of Birth (YYYY / MM / DD) | Personal Health Number (PHN) | |

2. EXAM AND PHYSICIAN INFORMATION

| | | |
|--|--|---|
| Date of Exam (YYYY / MM / DD) | Location of Exam | Program Name (if applicable) |
| Type of Assessment <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Second Assessment <input type="checkbox"/> Reassessment | | |
| Last Name of Physician Completing This Medical Exam | First Name of Physician | Initial |
| Physician Phone Number | Physician Fax Number | Physician Email |
| How Long Have You Known the Adult? | Are You the Adult's Primary Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No - specify relationship: | |
| What language was used to conduct the exam? | Is This the Adult's First Language? <input type="checkbox"/> Yes <input type="checkbox"/> No | If No, Was a Translator Used? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Were there communication barriers? e.g., sight, hearing, language, literacy, responsiveness, use of vocabulary <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, please specify the barrier and list any communication enhancements that were used to address the barriers. | | |

3. NOTIFICATION AND ADULT'S UNDERSTANDING

Section 6 of the Statutory Property Guardianship Regulation requires that before conducting the medical or functional component of the assessment, the adult be advised of all of the following (see exception below in Important Notes):

- that the adult is being assessed to determine whether the adult is incapable of managing that adult's financial affairs;
- that the assessment may be used to determine whether the adult will have or continue to have, a statutory property guardian;
- that the adult can refuse to be assessed, in which case the assessment may be conducted using observational information and information gathered from other sources;
- that the adult may have a person of his or her choosing present during all or part of the assessment unless, in the opinion of the qualified health care provider, the person's presence would disrupt or in any way adversely affect the assessment process;
- that if the assessment is completed, the adult may have a copy of the assessment report from the person who completes the report; (Note: this form is not the Report)
- that the adult may ask questions of, and raise concerns with, the qualified health care provider with respect to the assessment and the results of the assessment.

IMPORTANT NOTES:

1. For purpose of this medical examination, the medical practitioner is a qualified health care provider.
2. This form is the medical component of the assessment only. It is NOT the final complete assessment which must also include the functional component of the assessment form with the result summarized in Form 1 (Report of Assessment of Incapability) completed by the responsible qualified health care provider.
3. **Exception:** The advice is not required to be given if the medical practitioner (a qualified health care provider) has reasons to believe that it may result in serious physical or mental harm to the adult, or significant damage or loss to the adult's property.

NOTIFICATION AND ADULT'S UNDERSTANDING continued

Was the Adult advised of all the information on page 1? If No, why not? (see Exemption in Important Notes on page 1)

☐ Yes ☐ No

Was a support person present? If Yes, please provide name of support person

☐ Yes ☐ No**Patient's Understanding Of****Reasons leading to this assessment process****Patient's Personal History**
(note collateral information if different)**Patient's Family History**
(note collateral information if different)**Patient's Medical History**
(note collateral information if different)**Patient's Medication**
(note collateral information if different)**Functional Inquiry**

Advise of any functional Information relevant to financial management and decision making – e.g. changes in sight/hearing, functioning, supports, use of substances, ADLs.IADLs, risk taking.

4. MENTAL HEALTH STATUS

| Attitude | Affect | Thought Content | Perceptions |
|---|--|---|---|
| <input type="checkbox"/> Cooperative <input type="checkbox"/> Indifferent <input type="checkbox"/> Resistive <input type="checkbox"/> Demanding <input type="checkbox"/> Suspicious <input type="checkbox"/> Hostile | <input type="checkbox"/> Appropriate <input type="checkbox"/> Anxious <input type="checkbox"/> Euphoric <input type="checkbox"/> Labile <input type="checkbox"/> Angry <input type="checkbox"/> History of mood swings <input type="checkbox"/> Blunted <input type="checkbox"/> Depressed <input type="checkbox"/> Inappropriate <input type="checkbox"/> Other <hr/> | <input type="checkbox"/> Normal <input type="checkbox"/> Phobias <input type="checkbox"/> Obsessions <input type="checkbox"/> Preoccupations <input type="checkbox"/> Delusions <input type="checkbox"/> Persecutory <input type="checkbox"/> Guilt <input type="checkbox"/> Not able to assess <input type="checkbox"/> Other <hr/> | <input type="checkbox"/> Normal <input type="checkbox"/> Hallucinations <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Other <hr/> |
| Cognition | Executive Functioning | Other | |
| <input type="checkbox"/> Normal <input type="checkbox"/> Impairment <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Standardized Cognitive Tests <input type="checkbox"/> MMSE <input type="checkbox"/> MOCA <input type="checkbox"/> Other <hr/> | <input type="checkbox"/> Insight <input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Problem Solving <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> Poor <input type="checkbox"/> Behavioural Activation <input type="checkbox"/> Motivated <input type="checkbox"/> Independent <input type="checkbox"/> Apathetic <input type="checkbox"/> Disengaged <input type="checkbox"/> Disinhibited <input type="checkbox"/> Impulsive | | |

Indicate any other relevant tests that have been completed, or any other relevant information

5. MEDICAL STATUS RELEVANT TO INABILITY TO MANAGE FINANCIAL AFFAIRS

Current Medical Status: Diagnoses (medical, mental health, surgical)

Comment on other collateral information you reviewed or collected over time to form your diagnoses.

Current Medical Status: Prognoses (medical, mental health, surgical)

Applicable to second/reassessment only

If this medical examination is for reassessment purposes please indicate what has changed with respect to the adult's diagnoses/prognoses since the last medical assessment if available.

6. DETERMINATION

Does the adult have diagnoses and prognoses that may contribute to the adult's incapability to make financial decisions?

☐ Yes ☐ No

Given the adult's diagnoses and prognoses, Is the adult's ability to manage his or her financial affairs likely to improve?

☐ Yes ☐ No

Based on the diagnoses and prognoses do you recommend that the functional component of the overall assessment be carried out?

☐ Yes ☐ No

Additional Comments

6. PHYSICIAN SIGNATURE

Print Name

Date Signed (YYYY / MM / DD)