



A complete assessment report includes this Medical Component form, the Functional Component form, and Form 1 called the AGA 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

Form section for adult information including Last Name, First Name, Initial, Date of Birth, and Personal Health Number (PHN).

2. EXAM AND PHYSICIAN INFORMATION

Form section for exam and physician information including Date of Exam, Location of Exam, Program Name, Type of Assessment, Physician details, and communication 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, that the adult be advised of all of the following (see the only exceptions below):

- List of six notification requirements with checkboxes, including: 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.

EXCEPTIONS - If you did not advise the adult of all of the above, was it because:

- Two checkboxes for exceptions: you have reason to believe it may result in serious physical or mental harm to the adult, OR you have reason to believe it may result in significant damage or loss to the adult's property.

IMPORTANT NOTE:

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 (AGA Report of Assessment of Incapability) completed by the responsible qualified health care provider.

**NOTIFICATION AND ADULT'S UNDERSTANDING continued****What does the adult say about each of the following?**

<b>Reasons leading to this assessment process</b>	
<b>Patient's Personal History</b> (note collateral information if different)	
<b>Patient's Family History</b> (note collateral information if different)	
<b>Patient's Medical History</b> (note collateral information if different)	
<b>Patient's Medication</b> (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. CONCLUSION ABOUT DIAGNOSIS / PROGNOSIS**

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

Additional Comments

**7. PHYSICIAN SIGNATURE**

Signature

Telephone

Fax

Print Name

Date Signed (YYYY / MM / DD)

Email