

**MEDICAL REPORT FOR
REVIEW OF GUARDIANSHIP ORDER [note 1]**

Details of mentally incapacitated person

1. Name with surname in capital letters: [please print] _____

Details of registered medical practitioner (RMP)

2. Full name (Please print): _____ [中文： _____]

3. Qualifications: _____

4. Position of doctor: Private practitioner / D of H doctor / HA doctor / Visiting Medical Officer /
others* _____

5. Date of first consultation : _____ Number of consultations: _____

6. Date of last examination : _____ (day/month/year)

Declaration [IMPORTANT NOTE: THIS PART i.e. QUESTIONS 7, 8, 9, 10 & 11 MUST BE COMPLETED IN FULL]

7. I am of opinion that this person is **still** suffering from: [**Please tick**]

- a) mental illness, Please specify **diagnosis**:
- schizophrenia;
 - delusional disorder
 - Alzheimer's disease;
 - vascular dementia;
 - mixed-type dementia;
 - others: please specify: _____
- b) a state of arrested or incomplete development of mind, which amounts to a significant impairment of intelligence and social functioning, which is associated with abnormally aggressive or seriously irresponsible conduct;
- c) psychopathic disorder;
- d) other disorder or disability of mind which does not amount to mental handicap:
- CVA (Cerebral Vascular Accident / haemorrhage)
 - acquired brain injury;
 - a stroke causing some cognitive deficits;
 - PVS (Persistent Vegetative State);
 - Comatose / semi-comatose;
 - others: please specify: _____
- e) mental handicap (developmental delay).

8. Is there any possibility of recovery? **[Please tick]**

- | | | |
|----|--|---|
| Is | <input type="checkbox"/> Static & permanent | <input type="checkbox"/> Progressively deteriorating |
| | <input type="checkbox"/> Downhill / Stepwise course | <input type="checkbox"/> Fluctuating, but generally not improving |
| | <input type="checkbox"/> Grave | <input type="checkbox"/> Poor |
| | <input type="checkbox"/> Fluctuating | <input type="checkbox"/> Improving |
| | <input type="checkbox"/> Others: please specify: _____ | |

9. I am satisfied that, in my medical or other opinion, the subject's mental disorder/mental handicap* is of a nature or degree which makes a renewal of the guardianship order necessary. Also, I am satisfied that the disability **still** limits the mentally incapacitated person's capacity to make decision in respect of all, or a substantial proportion, of matters relating to his/her personal circumstances. I give a description of particulars below [such as a description of current symptoms, any change in prognosis, current treatment, any relevant test results/assessments/other reports e.g. MMSE, GCS, CT, since the date of the last guardianship order, which support your view].

[Please complete]

10. What is the current treatment? Same as before? Yes/No*
If different, please specify here:

11. Please specify his/her limitation(s) of capacity: -

(a) does the mental disability **still** limit the mentally incapacitated person's capacity or ability to make decisions on medical/dental treatment including compliance with medication? Yes/No*

(b) does the mental disability **still** limit the mentally incapacitated person's capacity or ability to manage finances? Yes/No*

(c) does the mental disability **still** limit the mentally incapacitated person's capacity or ability to make decisions on personal care, training and accommodation? Yes/No*

12. **[PLEASE TICK]** Therefore, in my opinion, it is necessary / not necessary and in the interests of the welfare of the mentally incapacitated person that he /she be continued to be received into guardianship.

13. Any other comments which may assist the Board? [Please specify]

14. The Board may need to contact you to clarify matters. Could you please give your contact numbers?

Phone/mobile No. : _____ Pager No. : _____

Hospital/Clinic* : _____

Signature : _____ Date: _____

* Delete as appropriate

Note 1. Section 59U of the Mental Health Ordinance (Cap. 136) provides that a guardianship order may be reviewed by the Guardianship Board on its own initiative or at the request of certain persons. In order to assist the Guardianship Board in deciding whether the order should be renewed, an up-to-date medical report will be helpful.

Guardianship Board

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