認可精神科醫生填寫

GUARDIANSHIP BOARD

APPROVED DOCTOR'S MEDICAL REPORT FOR GUARDIANSHIP APPLICATION [note 1]

Details of mentally incapacitated person

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

Details of approved doctor (AD)

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 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. How long does the person have the mental disorder/handicap*? _____ month(s) / year(s)

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

Is
- ☐ Static & permanent
- ☐ Downhill / Stepwise course
- ☐ Grave
- ☐ luctuating
- ☐ Others: please specify: _____
- ☐ Progressively deteriorating
- ☐ Fluctuating, but generally not improving
- ☐ Poor
- ☐ Improving

監護委員會

認可醫生就申請監護令提供之醫療報告[註 1]

精神上無行為能力人士的資料

1. 姓名 [請列印]: _____

認可醫生的資料

2. 姓名 [請列印]: _____

3. 資格: _____

4. 職位: 私人執業 / 衛生署醫生 / 醫院管理局醫生 / 外展醫生 / 其他 * _____

5. 首次診治 : _____ 診治次數: _____

6. 最後診治 : _____ (日/月/年)

聲明 [重要事項 : 此部份，即第 7, 8, 9, 10 及 11 題必須全部作答]

7. 本人認為該人士 : [**請 ✓**]

☐ a) 患精神病，請註明**診斷**症狀 :
- ☐ 精神分裂症
- ☐ 妄想症
- ☐ 阿爾茨海默氏病
- ☐ 血管型腦痴呆症
- ☐ 綜合性腦痴呆症
- ☐ 其他 : 請註明 : _____

☐ b) 屬智力及社交能力的顯著減損的心智發育停頓或不完全的狀態，並有異常侵略性或極不負責任的行為 ;

☐ c) 患精神病理障礙 ;

☐ d) 不屬弱智的任何其他精神失常或精神上無能力 : [**請 ✓**]
- ☐ 中風 (腦血管意外 / 出血)
- ☐ 獲得性腦損傷
- ☐ 因中風引致認知不足
- ☐ 持續性植物狀態
- ☐ 昏迷 / 半昏迷
- ☐ 其他 : 請註明 : _____

☐ e) 屬弱智 (發展遲緩)

8. 該人士患上精神紊亂 / 弱智有多久 ? _____

9. 是否有機會復原 ? [**請✓**]

是
- ☐ 停滯及永久性
- ☐ 逐步退化
- ☐ 嚴重
- ☐ 不穩定
- ☐ 其他 : 請註明 :_____
- ☐ 逐步惡化
- ☐ 不穩定，但普遍沒有好轉
- ☐ 不理想
- ☐ 有進展