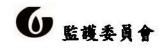


## APPROVED DOCTOR'S MEDICAL REPORT FOR GUARDIANSHIPAPPLICATION [note 1]

De	tails of	me	ntally incapa	acitated person					
1.	Name	witl	h surname in c	apital letters: [plea	se print] _				
De	tails of	apj	proved docto	r (AD)					
2.	Full name (Please print):						[中文;	]	
3.	Qualifications:								
4.	Positi	on (		8		doctor / HA doc	- Table		
5.	Date of first consultation :					Number of consultations:			
	Date of last examination:				1 1 1 1 1 1 1 1 1				
			IMPORTAN D IN FULL		S PART	i.e. QUESTION	S 7, 8, 9, 10 &	11 MUST BE	
7. I am of opinion that this person is suffering from: [Please tick]									
		a) b)	schizop delusio Alzheir vascula mixed- others:	nal disorder ner's disease; or dementia; type dementia; please specify: rrested or incomp	olete deve	lopment of mind,			
				mpairment of intelligence and social functioning, which is associated with abnormall aggressive or seriously irresponsible conduct;				with abnormally	
		c)	psychopathic	disorder;					
		d)	CVA (0 acquire a stroke PVS (P Comato	r or disability of m Cerebral Vascular , ed brain injury; e causing some cog ersistent Vegetativ ose / semi-comatos please specify:	Accident / gnitive defi ve State); se;				
		e)	mental handid	cap (developmenta	l delay).				
8.	How	How long does the person have the mental disorder/handicap*? month(s) / year(s)							
9.	Is there any possibility of recovery? [Please tick]								
	Is		Downhill / S Grave luctuating	Stepwise course		Progressively determined Fluctuating, but go Poor Improving		ving	

1



## 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 [靖列印]:						
認	可醫生的資料						
2.	姓名 [靖列印]:						
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:						
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 <b>診断</b> 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:[ <b>请 ✓</b> ] □ 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♥]						
	<ul> <li>是</li></ul>						

1