註冊西醫填寫

GUARDIANSHIP BOARD

Registered Medical Practitioner's Report for a Guardianship Application

Complete this form if you are a doctor *other than* one approved under section 2 (2) of the Mental Health Ordinance [see Note 1]

Details of patient

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 satisfied that the patient is a mentally incapacitated person suffering from one of the following, of a nature or degree which warrants his reception into guardianship: **[please tick]**

☐ a) mental illness, Please specify **diagnosis**:
   - ☐ schizophrenia;
   - ☐ delusional disorder
   - ☐ Alzheimer's disease;
   - ☐ vascular dementia;
   - ☐ mixed-type dementia;
   - ☐ others: please specify: ______________________

☐ b) 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; (i.e. a mentally handicapped person with serious behaviour management problems)

☐ 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)

監護委員會

註冊醫生就申請監護令提供之醫療報告

若你除了是根據《精神健康條例》第2(2)條的認可醫生，請填寫 [註1]

精神上無行為能力人士的資料

1. 姓名 [請列印]: ______________________________

註冊醫生的資料

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. 本人信納此精神上無行為能力的人患有以下其中一項，而其性質或程度足以構成理由將他收容監護: [**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; (即 嚴重行為處理問題的弱智人士)

☐ 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