



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)

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

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

10. I am satisfied that the disability 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. Particulars for the above medical opinion on mental incapacity (such as a description of symptoms and results of tests or examinations):

[Please complete]

11. I am satisfied that it is necessary in the interests of the welfare of the mentally incapacitated person, or for the protection of other persons,* that he/she be received into guardianship [note 2] and the reasons for my opinion are: [please complete the followings]

Guardianship will assist decision-making and execution thereof in the following matter(s) of subject's personal circumstances: **[please tick]**

- Accommodation / Residence [details, if any] _____;
 Finance [details, if any] _____;
 Medical treatment / dental treatment [details, if any] _____;
 Welfare planning [details, if any] _____;
 Others, please specify or tick: Patient is self-neglected; being abused; lacking insight for medical / dental treatment; unable to self-care; refusing residential or home help / care services [details, if any] _____

[other details, if any]

Helpful and Important Information (Please kindly give answers to all the following questions.)

12. What is current treatment / medication?

13. Please specify his/her limitation(s) of capacity [note 3]: -
 (a) does the mental disability limit the mentally incapacitated person's capacity or ability to make decisions on medical/dental treatment including compliance with medication?

(b) does the mental disability limit the mentally incapacitated person's capacity or ability to manage finances?

- (c) does the mental disability limit the mentally incapacitated person's capacity or ability to make decisions on personal care, training and accommodation?

14. Other information/reports/opinions which may assist the Guardianship Board, including your qualifications:

15. In appropriate cases, why Part IVC is not invoked in order to proceed with the impending medical (or dental) examination / treatment / surgery?

16. 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. An approved doctor is a registered medical practitioner approved under section 2 (2) of Mental Health Ordinance by the Hospital Authority as having special experience in the diagnosis or treatment of mental disorder, or the assessment or determination of mental handicap.

Note 2. Section 59M (2) of the Mental Health Ordinance (Cap. 136) provides that a guardianship application may be made on the grounds that: -

- (a) a mentally incapacitated person is suffering from a mental disorder or mental handicap of a nature or degree which warrants his reception into guardianship under Part IVB; and
- (b) it is necessary in the interests of the welfare of the mentally incapacitated person, or for the protection of other persons, that he/she be received into guardianship.

Section 59M (3) provides that a medical report shall include: -

- (a) a statement that in the medical or other opinion of the practitioner, the grounds set out in section 59M (2) are satisfied;
- (b) the reasons for that opinion so far as it relates to the grounds set out in subsection (2)(a) and (2)(b).

Note 3. Section 59O (3) provides that the Guardianship Board shall apply specific criteria before it makes a guardianship order. Some of these criteria are set out in questions 7 & 10. It is helpful to the Board to have information, if available, on these criteria.

Guardianship Board

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