

# Adult Protection Medical Observation Form

## For Review of An Existing Adult Protection Court Order

Please note: this form must be filled in by a *qualified medical practitioner*. Please write legibly, sign & date.

Client's name:	DOB:	HCN:
Address and phone number:		
Personal Physician contact information:		
Date of referral to you from Adult Protection:	Date of your medical assessment:	

### 1. Assessment of Cognitive and Physical Functional Ability to Protect Self

a) Has there been any improvement with this adult's cognitive impairments that would enable him/her to be have the ability to protect themselves or be able to make provisions to protect themselves from abuse, neglect and/or self-neglect:  Yes  No Explain:

b) Are the adult's cognitive impairment(s) still permanent & irreversible?  Yes  No Explain:

c) Did you use any assessment tools to assess the mental capacity of this adult (i.e. MMSE, MOCA)?  Yes  No

If yes, identify & attach:

Client's name:	DOB:	HCN:
----------------	------	------

d) Has there been any improvement with this adult's physical impairments that would enable him/her to be have the ability to protect himself/herself or be able to make provisions to protect himself/herself from abuse, neglect &/or self-neglect:

Yes  No  Not Applicable      If no, is/are this Adult's physical impairment(s) still permanent?  Yes  No

Explain:

e) Have any functional assessments been conducted with this adult (i.e. OT, Physio)?  Yes  No If yes, identify assessments & attach:

f) Have any additional, relevant assessments been conducted of the adult (i.e. Geriatric, Seniors Mental Health)?  Yes  No

If yes, explain & attach assessments:

Client's name:	DOB:	HCN:
----------------	------	------

**3. Medical Opinion of Adult's Mental Capacity to Understand & Appreciate Risk and Ability to Protect Themselves.**

In my medical opinion this adult still does not have the *mental capacity* (for legal purposes - is mentally incompetent):

- to be able to understand & appreciate the consequences of the risk(s) (abuse, neglect &/or self-neglect) that had caused the need for the Adult Protection court order;
- to be able to protect and/or make provisions to protect themselves from the risk(s); and this condition is still permanent and irreversible.

In my medical opinion this adult has the *mental capacity* (for legal purposes - is mentally competent):

- to be able to understand & appreciate the consequences of the risk(s) (abuse, neglect &/or self-neglect) that had caused the need for the Adult Protection court order;
- to be able to protect and/or make provisions to protect themselves from the risk(s).

I am not able to provide an opinion about this Adult's mental capacity to understand and appreciate and/or their ability to protect themselves and/or make provisions to themselves from the risk(s) (abuse, neglect and/or self-neglect) that caused the need for the Adult Protection court order.

**IV. Summary**

a) Please provide any recommendations you may have related to this assessment:

b) Would you recommend a referral for further assessment of this adult?  Yes  No If yes, explain:

Name:	Signature:
Date:	Contact #: