

This form must be completed by a qualified medical practitioner

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

I. Preliminary Medical Assessment Questions

a) Was your assessment conducted in person or virtually? Yes No If no, explain why:

b) Is this adult medically stable at this time? Yes No Unknown

2. Medical Assessment of Risk Due to Abuse/Neglect/Self-Neglect

Type of abuse: Physical Sexual Emotional Neglect

a) Is there medical evidence to suggest this adult has suffered *serious physical and/or psychological harm* due to abuse, neglect and/or self-neglect? Yes No Unknown

Describe circumstances and extent of abuse, nature of injury, behavioral indicators and or other relevant information. Please attach any relevant medical reports:

b) Provide a summary of physical exam findings.

c) Did or does this adult require medical treatment related to the alleged abuse, neglect and/or self-neglect? Yes No

If yes, explain:

d) Name of alleged perpetrator(s) if known _____ DOB/Age _____

Relationship of alleged perpetrator(s) to the client _____

Are you aware of any information to suggest that this adult or others are at risk from this alleged perpetrator? Yes No

If yes, please explain:

e) Have there been prior concerns of abuse obtained through your history or physical exam? Yes No Unknown

if yes, please provide a summary and attach relevant reports.

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f) If applicable, has evidence been placed in the care of Police? Yes No N/A

Name of Officer/Detachment _____

3. Assessment of Cognitive and Physical Functional Ability to Protect Self

a) Does this adult have any cognitive impairments that would affect his/her ability to protect themselves or be unable to make provisions to protect himself/herself from abuse, neglect and/or self-neglect: Yes No Explain:

b) If yes, are the cognitive impairment(s) 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:

d) Does this adult have a medical diagnosis related to his/her cognitive impairment(s)? Yes No If yes, identify the diagnosis:

e) Does this adult have any physical impairments that would affect his/her ability to protect themselves or be unable to make provisions to protect himself/herself from abuse, neglect and/or self-neglect: Yes No If yes, is it/are they permanent Yes No
Explain:

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

g) Have any additional, relevant assessments been conducted with this adult (i.e. Geriatric, Seniors Mental Health)? Yes No
If yes, explain & attach assessments:

h) Is this adult prescribed any life sustaining medications or does this adult require essential medical treatment/care? Yes No
If yes, explain:

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i) Is there evidence of medication mismanagement, harmful side effects from medication, or lack of essential medical care? Yes No
 If yes, this evidence is based on: Test results and/or reports from the Adult Family Service Provider Explain:

j) Does this Adult have any active substance abuse problems? Yes No Unknown If yes, explain:

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

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 have been assessed/identified;
- to be able to protect themselves and/or make provisions to protect themselves from the assessed/identified risk(s).

In my medical opinion this adult **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 have been assessed/identified;
- to be able to protect themselves and/or make provisions to protect themselves from the assessed/identified risk(s); and
- this condition is permanent and irreversible.

I am **not able** to provide an opinion about this Adult's mental capacity to understand & appreciate and/or their ability to protect themselves and/or make provisions to protect themselves from the risk(s) (abuse, neglect &/or self-neglect) that have been assessed/identified.

5. For the Purposes of the Public Trustee's Office

a) In your opinion is the adult mentally competent to manage their finances? Yes No Explain:

6. 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 #: