

## Capacity Assessment Report (Guardianship or Trusteeship or both) (Form 4)

Protected B (when completed)

Office of the Public Guardian and Trustee

(This form of capacity assessment report is to be used in respect of an application for a guardianship order or a trusteeship order (or both) under the *Adult Guardianship and Trusteeship Act*.)

"Capacity" means, in respect of the making of a decision about a matter, the ability to understand the information that is relevant to the decision and to appreciate the reasonably foreseeable consequences of

- (a) a decision, and
- (b) a failure to make a decision.

name of physician or psychologist		
name	n physician or psychologist	
am a registered member of the	name of physician's or psychologist's professional college	
	name of physician's or psychologist's professional college	
	OR	
If the capacity assessor is not a physician or regis following:	tered psychologist, the capacity assessor must complete the	
l,		
nar	ne of capacity assessor	
am currently designated as a capacity assesso My designation is dated:	r under the Adult Guardianship and Trusteeship Act.	
yyyy-mm-dd		
I was designated as a capacity assessor under the	e following Ministerial Order:	
	Ministerial Order number	
This capacity assessment report is about,	(the "adult")	
	name of the adult	
of:		
of:	address of the adult	
whose date of birth is		
	date of birth of the adult	
The reason(s) or circumstances leading up to the	request for this capacity assessment are:	
have obtained confirmation that a medical evalua	tion of the adult was conducted by:	
	on	
name of physician or nurse practit	ioner yyyy-mm-dd	

(within the 3-month period immediately **preceding** the capacity assessment) and that the results of the medical evaluation did not indicate that the adult was suffering from a reversible temporary medical condition that appeared likely to have a significant impact on the adult's capacity to make a decision about a personal matter or a financial matter.

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	lult, has been c capacity asses		ring the following medical condition(	s) that is (are) rel
			diagnosis	
			Date of Diagnosis	
Comm	anta.	name of physician		yyyy-mm-dd
Prior to	conducting a	capacity assessment of		
		name of the a	adu <b>i</b> t	
	rith the adult ar sive, I explaine		sness of the adult was such that the	adult was non-
	(a) the purpos	se and nature of the capacity as	sessment;	
	(b) that the ac	dult has the right to refuse:		
	(i) (ii)	to undergo the capacity asset to continue with the capacity	essment, or assessment at any point during the	capacity assess
	(c) that the ac	dult has the right to		
	(i)		sist the adult in feeling comfortable a	and relaxed wher
	(ii)		essment, and r the use of a device to communicat the adult's capacity during the capa	
		cance and effect of a finding tha g a personal matter or a financia	it the adult does not have the capac I matter, and	ity to make decis
			e adult during the capacity assessn the person may be asked to leave.	nent is, in my opi

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7.	The leve	I of consciousness of the adult at the time of the capacity assessment was:			
	(a)	alert			
	(b)	fluctuating, or			
	(c)	non-responsive			
	Comments:				
	(Note: Pr	rovide any comments you may have. If the adult's level of consciousness was such that the adult was consive you must indicate that here.)			
8.	The adul	t:			
	◯ (a)	appears to be capable of understanding the purpose of the capacity assessment; or			
	(b)	does not appear to be capable of understanding the purpose of the capacity assessment.			
9.	The adul	t has:			
	◯ (a)	refused to undergo or to continue with the capacity assessment, or			
	◯ (b) If (a)	not refused to undergo or to continue with the capacity assessment; has been selected above,			
	(i)	a capacity assessment was not conducted; or			
	(ii	i) the capacity assessment was discontinued.			
	Comments:				
10.	The adul	t chose to:			
	☐ (a)	have the following person present to assist the adult in feeling comfortable and relaxed during the capacity assessment:			
		name of person present and relationship to the adult			
	☐ (b)	use the following assistive device or had the following person present to assist with communication during the capacity assessment:			
		device used or name of person present and role. i.e. language interpreter			
11.	Based on the information that was provided to me, I have determined that an assessment of the capacity of the adult to make decisions is warranted with respect to the following:				
	☐ (a)	personal matters:			
	Commer	nts:			
	☐ (b)	financial matters.			
	Commer	nts:			

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there hav	e level of consciousness of the adult was such that the adult was non-responsive, I asked the adult if e been any significant changes recently in the adult's beliefs and values related to making decisions matter(s) identified in item 11 and the adult informed me that:			
○ (a)	there have been significant changes recently in the adult's beliefs and values related to making decisions about the matter(s), or			
(b)	there have not been sign decisions about the mat	nificant changes recently in the adult's beliefs and values related to making ter(s).		
Commen	its:			
and my o	pinion respecting the adult olumn below:	to make decisions about the following personal or financial matters (or both) is capacity to make decisions about those matters is indicated in the first or		
Adult I capad		Matter		
$\circ$	$\circ$	the adult's health care		
$\circ$	0	where, with whom and under what conditions the adult is to live, either permanently or temporarily		
$\bigcirc$	$\circ$	with whom the adult may associate		
$\bigcirc$	$\circ$	the adult's participation in social activities		
0	0	the adult's participation in any educational, vocational or other training		
$\bigcirc$	$\circ$	the adult's employment		
$\circ$	0	the carrying on of any legal proceeding that does not relate primarily to the financial matters of the adult		
$\bigcirc$	$\circ$	other (specify)		
•	aw a line through any matt ons for my opinion are as f	ers in respect of which you have not assessed the adult's capacity.)		
		set out the reasons		
		set out the reasons		

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Adult has capacity	Adult does not have capacity	Matter
$\bigcirc$	$\bigcirc$	financial matters
The reasons	s for my opinion are as fol	llows:
		set out the reasons
(Note: Draw	a line through this sectio	on if you have not assessed the adult's capacity to make decisions abo
financial ma	utters)	
In forming n matter(s),	ny opinion about the adult	t's capacity to make decisions about the specified personal or financia
(a)		It's ability to understand the information that is relevant to a decision a mably foreseeable consequences of a decision and a failure to make a matter(s), and
(b)	the matter(s)	adult has the ability to retain information that is relevant to decisions a ), and ı additional factors, if any:
		specify
		эрсопу
more matte	r(s), I have given consider	opinion the adult does not have the capacity to make decisions about ration to whether the adult is likely to regain some or all of their capac
more mattermake decision (a)	r(s), I have given consider ions about the matter(s) a is likely to regain some or	
more mattermake decision (a)	r(s), I have given consider ions about the matter(s) a is likely to regain some or I recommend that another	ration to whether the adult is likely to regain some or all of their capace and I believe that the adult:  r all of his or her capacity to make decisions about the matter(s) and r capacity assessment of the adult be conducted by no later than of
more mattermake decision (a)	r(s), I have given consider ions about the matter(s) a is likely to regain some or I recommend that another	ration to whether the adult is likely to regain some or all of their capac and I believe that the adult: r all of his or her capacity to make decisions about the matter(s) and r capacity assessment of the adult be conducted by no later than
more mattermake decisi	r(s), I have given consider ions about the matter(s) a is likely to regain some or I recommend that another	ration to whether the adult is likely to regain some or all of their capace and I believe that the adult:  r all of his or her capacity to make decisions about the matter(s) and r capacity assessment of the adult be conducted by no later than of
more mattermake decisi	r(s), I have given consider ions about the matter(s) a is likely to regain some or I recommend that another day	ration to whether the adult is likely to regain some or all of their capace and I believe that the adult:  r all of his or her capacity to make decisions about the matter(s) and r capacity assessment of the adult be conducted by no later than of
more matte make decisi (a)	r(s), I have given consider ions about the matter(s) a is likely to regain some or I recommend that another day  Comments:	ration to whether the adult is likely to regain some or all of their capace and I believe that the adult:  r all of his or her capacity to make decisions about the matter(s) and r capacity assessment of the adult be conducted by no later than of
more matte make decis (a)	r(s), I have given consider ions about the matter(s) a is likely to regain some or I recommend that another day  Comments:	ration to whether the adult is likely to regain some or all of their capaciand I believe that the adult:  r all of his or her capacity to make decisions about the matter(s) and r capacity assessment of the adult be conducted by no later than of
more matte make decis (a)	r(s), I have given consider ions about the matter(s) a is likely to regain some or I recommend that another day  Comments:  is not likely to regain som	ration to whether the adult is likely to regain some or all of their capaciand I believe that the adult:  r all of his or her capacity to make decisions about the matter(s) and r capacity assessment of the adult be conducted by no later than of

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6. In my c	opinion, serving the adult with notice of an application for a guardianship or trusteeship order:			
◯ (a)	is not likely to cause serious emotional or physical harm to the adult; or			
(b)	is likely to cause serious emotional or physical harm to the adult for the following reasons			
	set out the reasons			
ated at				
	location			
	of Alberta this			
	day / month / year			
	of physician, psychologist or capacity assessor signature of physician, psychologist or capacity assessor who conducted the capacity assessment who conducted the capacity assessment			
	Contact information of the			
	Physician, psychologist or capacity assessor who conducted the capacity assessment:			

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