

health care professional report (HCPR) GUARDIANSHIP AND ADMINISTRATION BOARD

how to complete a health care professional report

A Health Care Professional Report (HCPR) must be completed by a registered medical practitioner or psychologist only (*Reg. 3 Guardianship and Administration Regulations 2007*).

Once it is completed, the Guardianship and Administration Board will use this HCPR as evidence in a hearing to determine whether a person requires a guardian or an administrator (financial manager) to assist them with making important lifestyle or financial decisions.

Generally this report will be required to assist the Board in coming to a conclusion about the person's mental capacity to make relevant decisions.

In circumstances where you have completed a previous HCPR for your client/ patient and in your opinion there has been no change in your client's/ patient's condition you do not need to complete this form again but can certify your opinion in a simple letter to the Board.

completing the report

Please complete the relevant sections of the report. The report will be photocopied for Board members, so please type or print clearly. If space provided in any section of the report is insufficient please type or write on a separate sheet and attach.

Please photocopy the report and keep the copy as your own record.

If you are uncertain about filling in any part of this form, please contact the Board on (03) 6233 3085 and ask to speak to an Investigation and Liaison Officer.

payment for health care professional reports

The Board is not responsible for payment for this report. Your fee for this report will be paid from the estate of the person to whom it relates. Please forward the account to the person who requested you to complete the report. The Board considers that a reasonable fee for completing the report is \$55.00.

general procedure

The Board will generally accept the HCPR as documentary evidence without the need to call you as a witness. You may be sent a notice inviting you to attend the hearing. You are welcome to come to the hearing. Unless you are specifically notified, you are not required to attend.

In cases where you are required to attend, it is usually possible to attend a hearing by telephone. Staff members of the Board will discuss this with you before the hearing. Please return the report to the person who requested you to complete it.

Alternatively, you may forward it directly to the Board, addressed as follows:

The Registrar
Guardianship and Administration Board
GPO Box 1307
HOBART
Tasmania 7001

OR you may deliver the completed report to the Registrar at the Board's offices at:

Level 1
54 Victoria Street
HOBART

The Registrar
Guardianship and
Administration Board

GPO Box 1307
HOBART
Tasmania 7001

Level 1
54 Victoria Street
HOBART

Telephone: 6233 3085
Fax: 6233 4509

Email: Guardianship@justice.tas.gov.au
Website: www.guardianship.tas.gov.au

Fact Sheets available for
download from our website.

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Application No. _____

health care professional providing this report

please stamp or fill in details below

Your Name _____

Address _____

Postcode _____

Preferred Contact Telephone Numbers _____

Fax Number _____

Email address _____

In what capacity do you know the person? (Please tick)

Medical Practitioner Psychologist

Please note any relevant specialisations _____

the person

Details of the person for whom an application for guardianship and/or administration is being made to the Board.

Name _____

Date of Birth ____/____/____

How long have you known the person? _____

On what date did you last personally examine the person?

Are you the person's regular medical attendant? please tick Yes No

Where consent for medical treatment is required for the person, from whom do you obtain that consent? Refer to Fact Sheet 6.

disability of the person

Does the person have a disability/disabilities? (Please tick)

Yes No Unsure

If Yes, please specify the type and nature of the disability:
(Tick one or more boxes.)

Acquired brain injury (Resulting from) _____

Intellectual disability (Give details) _____

Psychiatric disability (Give details) _____

Dementia (Give details) _____

Other (any other disability which affects the person's ability to make decisions about personal and/or financial matters.) Give details

How long has the disability been evident? _____ years

Is the disability (Please tick)

- Static
- Deteriorating
- Fluctuating
- Improving

What is the prognosis?



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circumstances

What is your understanding of why this application has been made now?

effect of disability on the person's circumstances

Does the person experience deficits in particular areas by reason of a disability?

- Orientation to person, place or time
- Expressive communication
- Receptive communication
- Impulse control
- Capacity for new learning
- Susceptibility to influence
- Planning and reasoning skills

How does the disability affect the person's ability to makes and effect a reasonable decision about the circumstances you have outlined?



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information for guardianship applications – lifestyle decisions

To what extent is the person capable of making reasonable decisions in relation to the following lifestyle matters?:

Where the person should live - permanently or temporarily:

Health care – can the person understand the nature and effect of medical treatment?:

Other matters e.g. relationships, visits by friends or relatives, employment:

other observations

Do you have any other observations or comments that may be relevant?
Please attach medication chart if relevant.

consequences

What, in your view, might be the consequences of appointing or not appointing a guardian or administrator for the person?



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applicant's details

Please give details of the person who is making the application to the Board and/or requested this Health Care Professional Report from you.

Name _____

Address _____

_____ Postcode _____

Preferred Contact Telephone Numbers

Fax Number _____

Email address _____

person's attendance at hearing

Does the person have any physical disability that would prevent him or her from attending a Guardianship and Administration Board hearing?
(Please tick)

Yes No

If Yes, please explain the condition:

Does the person's mental condition prevent him or her from attending a hearing? (Please tick)

Yes No

If Yes, please explain the condition:

confidentiality

The information in this report may be provided without the consent of the person about whom it is written. However, the Board may provide a copy of this report to the person about whom it is written or an 'interested party' to the proceedings. If you have any concerns about disclosure of information from the report, please indicate below.

Have you discussed this report with the proposed represented person?

Yes No

Do you have concerns about disclosing the contents of this report to the person about whom it is written or any 'interested party'? (Please tick)

Yes No

If Yes, please provide details:

I have provided this report in good faith and have reasonable and probable grounds for believing the report to be true.

Signed _____

Dated _____

Office Use Only

Date report received:

Date data entered:

Attach to Application No.