health care professional report (HCPR-E) STATUTORY WILL



how to complete a health care professional report

This report, the Health Care Professional Report-E (HCPR-E) must be completed by a health care professional, a psychologist or a medical practitioner.

The Board must not make an order for the execution of a Statutory Will for a person unless it is satisfied that he or she is incapable of making a valid Will for himself or herself. The questions in the test broadly reflect the legal test for capacity to make a Will.

The Board also requires evidence of whether the person is likely to acquire or regain capacity at any future time.

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 1300 799 625 or (03) 6165 7500 and ask to speak to a Case Assessment 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 \$75.00.

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. Please telephone the Board Registry to arrange this.

Please return the report to the person who requested you to complete it.

Telephone: 6165 7500 Fax: 6173 0211 Email: Guardianship@

justice.tas.gov.au

Website: www. guardianship.tas.gov.au

Fact Sheets available for download from our website.

- I What is the Guardianship and Administration Board?
- 2 Guardianship
- 3 Administration
- 4 Consent to Medical or Dental Treatment
- 5 Consent to Medical or Dental Treatment by a Person Responsible
- 6 Review of Enduring Powers of Attorney
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- 8 Statutory Wills
- 9 Approval of Restrictive Intervention
- 10 What if I don't agree with the Board's decision?
- II Enduring Guardian Infosheet
- 12 Sterilisation

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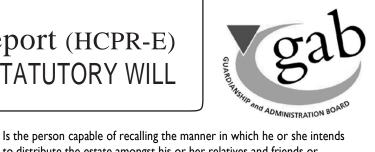


Application No:	disability of the person
health care professional providing this report	Does the person have a disability/disabilities (please tick)
Place stamp or fill in details below	☐ Yes ☐ No ☐ Unsure
·	If yes, please specify the type and nature of the disability
	(Tick one or more boxes)
	☐ Acquired brain injury (resulting from)
Your name	
Address	☐ Intellectual disability (give details)
P/Code	
Preferred Contact Telephone Numbers	☐ Psychiatric disability (give details)
Fax Number	☐ Dementia (give details)
Email address	
In what capacity do you know the person? (Please tick)	☐ Other (any other details which affects the person's ability to make decisions about personal and/or financial matters) (give
☐ Medical Practitioner ☐ Psychologist	details)details
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.	How long has the disability been evident?(years
Name	Is the disability (please tick)
Date of Birth	☐ Static
How long have you known the person?	☐ Deteriorating
On what date did you last personally examine the person?	☐ Fluctuating
	□ Improving
Are you the person's regular medical attendant?	What is the prognosis?
Please tick ☐ Yes ☐ No	

Creation Date: 26 March 2018

Review Date: 25 March 2019

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to distribute the estate amongst his or her relatives and friends or

other persons/institutions?

specific questions relating to testamentary capacity

testamentally capacity	
Could the person broadly understand the act of making a Will? (i.e. that no or she is engaged in an act of expressing wishes concerning the disposition property that will take effect on his or her death).	☐ Yes ☐ No ☐ Unsure
☐ Yes ☐ No ☐ Unsure	
	Given your answers to the above questions, do you believe that the person has testamentary capacity?
	☐ Yes ☐ No ☐ Unsure
Does the person have a reasonable recollection of the extent of his or	
ner property?	
☐ Yes ☐ No ☐ Unsure	If you do not believe that the person has testamentary capacity, is it like that the person might acquire or regain testamentary capacity at any fut time?
	☐ Yes ☐ No ☐ Unsure
the person capable of recalling his or her relatives and friends who y have a claim upon his or her estate (whether or not he or she ends to provide for them in the Will)?	
□ Yes □ No □ Unsure	If you are unsure with regards to any of the above questions, can you advise what further assessment, testing, investigation or other procedur needs to be undertaken to determine the capacity or incapacity of the person?

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effect of disability on the person's	circumstances
Does the person experience deficits in particular areas by reas	
Orientation to person, place or time	
Expressive communication	
Receptive communication	
Impulse control	
Capacity for new learning	
☐ Susceptibility to influence	
☐ Planning and reasoning skills	
low does the disability affect the person's ability to make a re	easonable decision about the circumstances you have outlined?
dditional information regarding	
apacity	
e you aware of any further reports/assessments/examinations ACAT, neurological or psychiatric assessments which may sist the Board? If Yes, please specify. Please attached edication chart if relevant.	

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Person's attendance at hearing

confidentiality Does the person have any physical disability that would prevent him or her from attending a Guardianship & Administration Board The information in this report may be provided by you without the hearing? (please tick) 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 ☐ Yes □ No written or an "interested party" to the proceedings. If you have any concerns about disclosure of information from the report, please If yes, please explain the condition: indicate below. Have you discussed this report with the proposed representative 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: Does the person's mental condition prevent him or her from attending a hearing (please tick) ☐ Yes □ No If Yes, please explain the condition: I have provided this report in good faith and have reasonable and probably grounds for believing the report to be true. Practitioner's Signature: Dated: Would you like to receive a hearing notice in respect of this matter: ☐ Yes □ No Office Use Only Send hearing notice: ☐ Yes ☐ No Date report received: Date data entered: Attach to Application No:

Attach to Matter No: