

# 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: 61 65 7500

Fax: 6173 0211

Email: [Guardianship@justice.tas.gov.au](mailto:Guardianship@justice.tas.gov.au)

Website: [www.guardianship.tas.gov.au](http://www.guardianship.tas.gov.au)

Fact Sheets available for download from our website.

- 1 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
- 7 Review of Enduring Guardian
- 8 Statutory Wills
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- 10 What if I don't agree with the Board's decision?
- 11 Enduring Guardian Infosheet
- 12 Sterilisation

# health care professional report (HCPR-E) STATUTORY WILL



Application No: .....

## health care professional providing this report

Place stamp or fill in details below

Your name .....

Address .....

..... P/Code .....

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

## 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) .....

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Intellectual disability (give details) .....

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Psychiatric disability (give details) .....

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Dementia (give details) .....

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

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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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## specific questions relating to testamentary capacity

Could the person broadly understand the act of making a Will? (i.e. that he 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

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Does the person have a reasonable recollection of the extent of his or her property?

Yes     No     Unsure

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Is the person capable of recalling his or her relatives and friends who may have a claim upon his or her estate (whether or not he or she intends to provide for them in the Will)?

Yes     No     Unsure

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Is the person capable of recalling the manner in which he or she intends to distribute the estate amongst his or her relatives and friends or other persons/institutions?

Yes     No     Unsure

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Given your answers to the above questions, do you believe that the person has testamentary capacity?

Yes     No     Unsure

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If you do not believe that the person has testamentary capacity, is it likely that the person might acquire or regain testamentary capacity at any future time?

Yes     No     Unsure

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If you are unsure with regards to any of the above questions, can you advise what further assessment, testing, investigation or other procedure 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 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 make a reasonable decision about the circumstances you have outlined?

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## additional information regarding capacity

Are you aware of any further reports/assessments/examinations e.g. ACAT, neurological or psychiatric assessments which may assist the Board? If Yes, please specify. Please attached medication chart if relevant.

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## Person's attendance at hearing

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

Yes     No

If yes, please explain the condition:

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

Yes     No

If Yes, please explain the condition:

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## confidentiality

The information in this report may be provided by you 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 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:

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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: