

# health care professional report (HCPR-B) REVIEW OF ENDURING GUARDIAN INSTRUMENT



This Health Care Professional Report-B (HCPR-B) must be completed by a psychologist or a medical practitioner.

An Enduring Guardian Instrument is prepared by a person (the appointor) to appoint someone else to make personal decisions on their behalf if in the future they lose capacity to make such decisions independently. The person they appoint is called the 'guardian'. Personal decisions include decisions about where the person shall live, with whom he or she lives, what medical treatment the person has and who may visit the person.

An Enduring Guardian Instrument does not provide any authority to make financial decisions (whereas an enduring power of attorney does).

Once this HCPR-B is completed, the Guardianship and Administration Board will use it as evidence in a hearing to review an Enduring Guardian Instrument and may also be used for an Application for Guardianship. As a result of that hearing, the Board may:

- Declare the enduring guardian instrument invalid due to the mental incapacity of the appointor or a lack of compliance with the requirements of the legislation
- Revoke the enduring guardian instrument
- Vary a term of the instrument
- Give advice and direction to the enduring guardian

Generally this report will be required to assist the Board in coming to a conclusion about the appointor's mental capacity to make relevant personal decisions. To have mental capacity the appointor must make the appointment freely and voluntarily and understand the general nature and effect of the appointment at the time that it is made.

## 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 the space provided in any section is insufficient, please type or write on a separate sheet and attach.

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

## 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 this 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. Unless you are specifically notified, you are not required to attend the hearing.

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](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
- 9 Approval of Restrictive Intervention
- 10 What if I don't agree with the Board's decision?
- 11 Enduring Guardian Infosheet
- 12 Sterilisation

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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 \_\_\_\_\_

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 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?

\_\_\_\_\_

## past capacity

The person purportedly executed an Enduring Guardian Instrument on:

\_\_\_\_\_ (applicant to insert date EG was executed)

Did you know the person on this date?

Please tick  Yes    No

If "No" are you able to express an opinion regarding his or her probable capacity to execute an enduring guardianship on this date?

Please tick  Yes    No

If "Yes" please comment on the person's understanding at the time of signing. Did the person have capacity to understand:

That the Enduring Guardian Instrument could be a full Guardianship or limited to specific decisions (e.g. health care or end-of-life care):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

That the Guardian's powers would not commence until the person had lost capacity to make reasonable judgments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

That, subject to being appointed with appropriate powers, the Guardian could decide where the person will live (e.g. residential aged care vs remaining at home) or with whom.

\_\_\_\_\_  
\_\_\_\_\_

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## Assessment, testing and investigation

Can you advise whether any further assessment, testing, investigation or other procedure was undertaken to determine the mental capacity of the person at the time of or since the execution of the instrument

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- That, subject to being appointed with appropriate powers, the Guardian could consent to or refuse medical treatment and/or health care on the person's behalf

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- That, subject to being appointed with appropriate powers, the Guardian could restrict access to visitors to the person

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## present capacity

Does the person have a disability/disabilities (please tick)

- Yes     No

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 disability which affects the person's ability to make decisions about personal matters) Give details:

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How long has the disability been evident? \_\_\_\_\_ (years)

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Is the disability (please tick)

- Static
- Deteriorating
- Fluctuating
- Improving

What is the prognosis?

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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 (capacity)  
to make a reasonable decision about his or her person and  
circumstances (non-financial matters)?

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## present decision making ability

Can the person make reasonable decisions about where they should live – permanently or temporarily?

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Can the person understand the nature and effect of medical treatment and/or health care?

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Can the person determine the support services they should access (including services under the NDIS)?

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Can the person make reasonable decisions about other matters e.g. relationships, visits by friends or relatives, employment?

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## consequences

What, in your view, might the consequences of retaining the current enduring guardianship arrangements?

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## other relevant information

Please provide any other information or comment which you believe may assist the Board

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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

The person has the right to attend and participate in a hearing and will be sent a Notice of Hearing. The person's disability, impaired capacity or the practical difficulties in bringing them to a hearing are not generally sufficient reasons to prevent their participation.

If you have concerns that the person's attendance will be detrimental to their health, wellbeing or there are other exceptional circumstances, please indicate below with the reason(s) for your opinion.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The information in this report may be provided by you without the consent of the person about whom it is written. The Board shall provide a copy of this report to the person about whom it is written and any 'interested party' to the proceedings.

Have you discussed this report with the proposed represented person?

Please tick  Yes  No

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

Practitioner's Signature:

\_\_\_\_\_

Dated:

\_\_\_\_\_

Would you like to receive a hearing notice in respect to this matter?

Please tick  Yes  No

### Office Use Only

Send hearing notice:

Date report received:

Date data entered:

Attach to Application No:

Attach to Matter No: