

(NAME):	CASE NUMBER:
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**ATTACHMENT TO FORM GC-335,
CAPACITY DECLARATION – CONSERVATORSHIP
ADDITIONAL DETAILED INFORMATION**

TO PHYSICIAN, PSYCHOLOGIST, OR PSYCHIATRIST

The purpose of this attachment is to provide additional, more detailed information than is included in the Capacity Declaration - Conservatorship, to enable the court to determine whether the (proposed) conservatee has:

- A. The capacity to give informed consent to medical treatment and has the capacity to handle his/her financial affairs;
- B. Dementia and if so, (1) whether he or she needs to be placed in a secured-perimeter residential care facility for the elderly, and (2) whether he or she can remain in his/her home with full-time caregivers if resources are available, and (3) whether he/she would benefit from dementia medications;
- C. An acquired brain injury (brain tumor, stroke, seizure disorder, traumatic brain injury);
- D. An intellectual disability; and/or
- E. A psychiatric disability.

This attachment is to be completed only by a physician, psychologist, or psychiatrist. It should be filled out completely, signed and dated on the last page, and filed as an attachment to Judicial Council Form GC-355 (Capacity Declaration - Conservatorship) if ordered by the court or if the petitioner chooses.

GENERAL INFORMATION

- 1. (Name):
- 2. (Office address/phone number):
- 3. I am a California Licensed Physician Psychologist Psychiatrist acting within the scope of my licensure with at least 2 years' experience diagnosing dementia, acquired brain injury, intellectual disability or psychiatric disability.
- 4. (Proposed) conservatee (Name):
 - a. I last saw the (proposed) conservatee on (date):
 - b. The (proposed) conservatee is is NOT a patient under my continued treatment.

5. EVALUATION OF (PROPOSED) CONSERVATEE'S COGNITIVE FUNCTIONS

(Proposed) Conservatee's Level of Education:

Language spoken

Note to practitioner: This form is **not** a rating scale. It is intended to assist you in recording your impressions of the (proposed) conservatee's cognitive abilities. Where appropriate, you may refer to scores on standardized rating instruments.

(Instructions for items 5A and 5B): Check the appropriate designation as follows:

a = No Impairment b = Impairment Present c = So Impaired as to be incapable of being assessed

A. Alertness and Attention/Concentration:

(1) Levels of arousal (alert, lethargic, responds only to constant stimulation, stupor)

a b c

(2) Orientation (types of orientation impaired)

a b c Person

a b c Time (day, date, month, year, season)

a b c Place (address, city, state)

a b c Situation (Why, What, How?)

(3) Ability to attend and concentrate (type of attention/concentration impaired)

a b c Focused (1-2 minutes)

a b c Sustained (5 minutes)

a b c Sustained (10-15 minutes)

a b c Sustained (15-30 minutes)

a b c Sustained (30 or more minutes)

a b c Easily Distractible

a b c Alternating/Divided (can multitask; cook, drive)

B. Information Processing: Ability to:

(1) Remember (ability to remember a question before answering, recall names, relatives, past presidents, events of the past 24 hours)

I Immediate recall a b c

II Short-term memory a b c

III Long-term memory a b c

(2) Understand and communicate either verbally or otherwise (deficits reflected by inability to comprehend questions, 3-step command, use words correctly, name objects)

a b c

(3) Recognize familiar objects and persons (deficits reflected by inability to recognize familiar faces, objects, family members)

a b c

(4) Understand and appreciate quantities (deficits reflected by inability to perform simple calculations)

a b c

(5) Understand and appreciate current life circumstances (deficits reflected by inability to acknowledge being dependent on others for life sustaining activities of daily living)

a b c

(6) Reason using abstract concepts (deficits reflected by inability to grasp abstract aspects of his/her situation or to interpret idiomatic expressions or proverbs)

a b c

(7) Plan, organize and carry out actions (or direct others to if physically unable) in one's own rational self-interest (deficits reflected by inability to break complex tasks down into simple steps and carry them out)

a b c

(8) Reason logically by weighing the pros and cons of a given situation to problem-solve or make a decision that is in the best interest of his/her person (deficits reflected by not coming to conclusions that include all information provided in writing, or in an auditory/visual format)

a b c

6. EVALUATION OF (PROPOSED) CONSERVATEE'S PSYCHIATRIC/PSYCHOLOGICAL FUNCTIONS

Note to practitioner: This form is **not** a rating scale. It is intended to assist you in recording your impressions of the (proposed) conservatee's psychiatric/psychological abilities. Where appropriate, you may refer to scores on standardized rating instruments.

(Instructions for items 6A and 6B): Check the appropriate designation as follows:

a = No Impairment **b** = Impairment Present **c** = So Impaired as to be incapable of being assessed

A. Thought Disorders

(1) Severely disorganized thinking (rambling thoughts, nonsensical, incoherent or nonlinear thinking)

a b c

(2) Hallucinations (auditory, visual, olfactory)

a b c

(3) Delusions (demonstrated by false beliefs maintained without or against reason or evidence)

a b c

(4) Uncontrollable or intrusive thoughts (unwanted compulsive thoughts, compulsive behaviors)

a b c

B. Ability to handle family environment (deficits reflected by inability to identify and/or deal with family dysfunction that is NOT in his/her best interest and/or unduly influences him/her to act in a self-destructive way)

a b c

C. Ability to modulate mood and affect: The (proposed) conservatee has does NOT have a pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his/her circumstances. If so, complete 6C.

Instructions for item 6C & 6D Check the degree of impairment of each appropriate mood state (if any) as follows: **a** = mildly inappropriate **b** = moderately inappropriate **c** = severely inappropriate.

Anger	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Euphoria	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Anxiety	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Depression	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Fear	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Hopelessness	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Panic	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Despair	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Apathy	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Helplessness	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Irritability	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Indifference	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>

D. Personality Disorder/Character Disorder: The (proposed) conservatee has does NOT have a characterological personality disorder that interferes with his/her ability to make appropriate decisions that are in his/her best interests. There is insufficient information to determine.

Narcissistic Personality Disorder	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Borderline Personality Disorder	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Dependent Personality Disorder	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Avoidant Personality Disorder	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Schizoid Personality Disorder	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Schizoaffective Personality Disorder	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Paranoid Personality Disorder	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>

E. The (proposed) conservatee's periods of impairment from the deficits indicated in items 6C & 6D.

(1) do NOT vary substantially in frequency, severity, or duration.

(2) do vary substantially in frequency, severity, or duration (please explain; continue with an attachment if necessary):

F. (Optional) Any other information regarding this evaluation of the (proposed) conservatee's cognitive or psychiatric/psychological function is stated below stated in Attachment.

7. EVALUATION OF (PROPOSED) CONSERVATEE'S EVERYDAY FUNCTIONAL ABILITY

Note to practitioner: This form is **not** a rating scale. It is intended to assist you in recording your impressions of the (proposed) conservatee's daily functional abilities. Where appropriate, you may refer to scores on standardized rating instruments.

(Instructions for items 7A and 7C): Check the appropriate designation as follows:

a = No Impairment **b** = Impairment Present **c** = So Impaired as to be incapable of being assessed

A. Activities of Daily Living (ADLS)

Bathing: either sponge, shower or tub

a b c

(1) Dressing: includes choosing and obtaining clothing

a b c

(2) Toileting: going to toilet, cleaning self, and changing clothes

a b c

(3) Transfer: can get in and out of bed / can get on and off chair

a b c

(4) Continence: both urine and bowel function completely by self

a b c

(5) Feeding:

a b c

The (proposed) conservatee is **Independent** in **ALL** ADL functions _____

The (proposed) conservatee is **Dependent** in **ALL** ADL functions _____

B. (Optional) Any other information regarding this evaluation of the (proposed) conservatee's Activities of Daily Living function is stated below stated in Attachment.

C. Instrumental Activities of Daily Living (IADLS)

(1) Ability to use Telephone/Cellular Phone

a b c

(2) Shopping

a b c

(3) Food Preparation

a b c

(4) Housekeeping

a b c

(5) Laundry

a b c

(6) Mode of Transportation

a b c

(7) Responsible for Medications

a b c

(8) Ability to Handle Finances

a b c

The (proposed) conservatee is **Competent** in **ALL** IADL functions

The (proposed) conservatee is **Moderately Competent/Able to manage** in IADL functions

The (proposed) conservatee is **Not able to maintain self, even with help** in IADL functions

D. (Optional) Any other information regarding this evaluation of the (proposed) conservatee's Instrumental Activities of Daily Living function is stated below stated in Attachment.

8. CAPACITY FOR (PROPOSED) CONSERVATEE TO MAKE PLACEMENT AND MEDICATION DECISIONS

A. Placement of (proposed) conservatee

(1) The (proposed) conservatee would benefit from or needs placement in a restricted and secure facility.

(2) The (proposed) conservatee would benefit from or needs 24-hour caregiver support in their home if resources are provided to the (proposed) conservatee.

(3) The (proposed) conservatee HAS capacity to give informed consent to this placement.

(4) The (proposed) conservatee does NOT have capacity to give informed consent to this placement.

(5) A locked or secured-perimeter facility is is NOT the least restrictive environment appropriate to the needs of the (proposed) conservatee.

B. Administration of Medications to (proposed) conservatee

(1) The (proposed) conservatee needs or would benefit from the following psychotropic medications appropriate to the care of his/her respective medical/psychiatric disorder:

(2) The (proposed) conservatee HAS capacity to give informed consent to the administration of psychotropic medications appropriate to the care of his/her respective disorder.

(3) The (proposed) conservatee does NOT have the capacity to give informed consent to the administration of psychotropic medications appropriate to the care of his/her respective disorder.

(4) The (proposed) conservatee needs or would benefit from the following psychotropic medications appropriate to the care of his/her respective medical/psychiatric disorder listed in B1 because (state reasons below, continue on Attachment if necessary):

(5) Number of pages attached _____

C. Informed Consent to Routine Medical Treatment for (proposed) conservatee

- (1) The (proposed) conservatee HAS the capacity to give informed consent to routine medical treatment.
- (2) The (proposed) conservatee does NOT have the capacity to give informed consent to routine medical treatment.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date _____

Type or Print Name

Signature of Declarant