



# Medical Assessment on Filing an Application for Instituting Protective Supervision or Homologating a Mandate

Attention: Print on one side only.

Follow [instructions on page 4](#).

## 1. General information about the person concerned by the assessment

Last name at birth		First name at birth	Usual name if different
Date of birth yyyy-mm-dd	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Health insurance no.	Institution file no.
Address No., street, city			Postal code

## 2. Life circumstances leading to the request for assessment of incapacity

<p>_____</p> <p>_____</p> <p>_____</p>
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## 3. Examination, consultations and assessments

Date of your assessment yyyy-mm-dd	<b>Attach a copy of your assessment report</b> and the documents consulted for this request (assessments in occupational therapy, neuropsychology, geriatrics, etc.).
List of all documents consulted for this request	
<p>_____</p> <p>_____</p>	

## 4. Diagnosis related to the incapacity (specify type and severity, where applicable)

### Neurocognitive disorders

Dementia (specify): \_\_\_\_\_

Brain injury (specify): \_\_\_\_\_

Other (specify): \_\_\_\_\_

Date of diagnosis (year-month)  
yyyy-mm

### Neurodevelopmental disorders

Intellectual disability (specify): \_\_\_\_\_

Other (specify): \_\_\_\_\_

Date of diagnosis (year-month)  
yyyy-mm

### Mental disorders

Psychotic disorder     Non-psychotic disorder

Diagnosis (schizophrenia, schizoaffective disorder, bipolar affective disorder, personality disorder, etc.)	Date of diagnosis (year-month) yyyy-mm
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Severity of the disorder - Symptoms <input type="checkbox"/> Acute <input type="checkbox"/> Intermittent <input type="checkbox"/> Chronic <input type="checkbox"/> Residual <input type="checkbox"/> Absent	Severity of the disorder - Functional impairment <input type="checkbox"/> Severe <input type="checkbox"/> Moderate <input type="checkbox"/> Mild <input type="checkbox"/> Absent
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Comments

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**Other diagnoses and problems that contribute to the person's incapacity or increase their vulnerability**

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**5. Impacts of the diagnoses**

The incapacity stems from the impacts of the disorder on the person's cognitive functions: understanding of their situation, understanding of the possible consequences of their decisions, ability to reason and express a choice. Indicate how the disorder makes the individual incapable of making decisions, and the likely risks if left to their own devices with respect to the following categories.

**A. Protection of the person (safety, eating, healthcare, living environment, defence of their rights)**

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**B. Administration of property (ability to make regular purchases, manage financial documents, understand a budget, and monitor transactions)**

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**6. Assessment of the person's capacity**

**A. Protection of the person**

In my opinion, the person is **capable** of protecting their person and exercising their civil rights. (Go to section B.)

In my opinion, the person is **incapable** of protecting their person and exercising their civil rights.

The degree of incapacity is:

**Partial** (specify) : Individual's residual capacities

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**Total.**

## Medical Assessment

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**B. Administration of property**

In my opinion the person is **capable** of administering their property (go to section 7).

In my opinion, the person is generally or usually capable, but, for certain acts or on a temporary basis, needs assistance or guidance in administering their property (go to section 7).

In my opinion, the person is **incapable** of administering their property.  
The degree of incapacity is:

**Partial** (specify): Individual's residual capacities

**Total.**

**7. Conclusions of the evaluator**

Given the severity and possible progression of the medical diagnosis, the duration of the incapacity is:

**temporary** because an improvement is expected within:

less than a year;  one to three years;  more than three years.

**permanent** because no improvement is expected.

**8. General information about the evaluating physician**

Last name		First name		Specialty	Licence no.
Telephone no.	Ext.	Fax no.	Email address		
Principal professional address <small>No., street, city</small>					Postal code
Signature (Blue ink is required for the original copy)					Date <small>yyyy-mm-dd</small>

## Instructions

### General instructions

**N.B.:** If you need more space, use another sheet and attach it to the form. This form must be completed in the language the person understands best (French or English).

The Court appoints an advisor to an individual who is generally capable, but who may require assistance or advice in administering their property, performing certain acts, or on a temporary basis (e.g., sell a building, renounce inheritance). **The Curateur public can't be advisor to the person of full age (but it can be appointed tutor or curator).**

The Court institutes **tutorship** if it has been established that the person of full age's inability to take care of themselves or administer their property is **partial or temporary**, and they need to be represented in the exercise of their civil rights.

It then appoints:

- A tutor to the person **and** the property; OR
- A tutor to the person and a tutor to the property. ([Art. 285 C.c.Q.](#))

Different people may assume the roles of tutor or curator to the property and the person, which makes it possible to share responsibilities.

The Court institutes **curatorship** if it has been established that the person of full age's inability to take care of themselves or administer their property is **total and permanent**, and they need to be represented in the exercise of their civil rights.

It then appoints a curator. ([Art. 281 C.c.Q.](#))

An informed decision presumes knowledge of all the aspects necessary to making the decision.

### Section 2: Life circumstances leading to the request for assessment of incapacity

You must indicate the reason(s) for the request, e.g., loss of a significant person, aggravation of the disorder, or another circumstance leading to the request. A request from a third party is not grounds to institute protective supervision.

### Section 3: Examination, consultations and assessments

The *Civil Code of Québec* stipulates that the person must have undergone an assessment. The date of the assessment must be written on the form.

**You must attach a copy of your assessment report**, which must include:

- the reason for the assessment;
- the diagnosis and a description of the mental state;
- treatment choices, where applicable, and expected impact on the condition;
- description of the individual's performance in four essential areas (understanding, reasoning, evaluating, and expressing choice);
- analysis of judgment and decision making process;
- your opinion on the incapacity.

If available, mention and attach:

- complementary assessments;
- previous assessments.

### Section 5: Impacts of the diagnoses

The physician is responsible for assessing the impacts of the pathology on the individual's cognitive skills, functioning, and management of their finances, while taking into consideration their psychosocial situation.

## Instructions (cont.)

### Section 6: Assessment of the person's capacity — A: Protection of the person

Protective supervision is instituted to ensure the protection of the person and represent them in the exercise of their civil rights (e.g., taking legal action, giving access to their file, giving consent to the recording and use of their image, etc.).

Protection of the person refers to their fundamental needs. Can he or she make sure they are properly housed and fed. Can they ask, either on their own, or with help, for the services they need? Can they ensure their own safety? Given the condition of their health and their income, are the person's living conditions satisfactory?

The term "civil rights" refers to all of the person's rights. They include the right to privacy and a family life, the respect of their place of residence, correspondence, the right over their own image, the right to freedom and security, freedom of movement, freedom of thought, conscience, religion, expression, assembly, the right to marriage and the right to start a family. The exercise of civil rights implies an understanding of the associated consequences. It is important to ensure that the person has the capacity, despite their condition, to make informed decisions in their everyday lives. If the person is incapacitated, another person will exercise some of their civil rights on their behalf.

A mandator may have included clauses to this end in the mandate they prepared in the event of their incapacity.

**Important:** Even if they are under protective supervision, a person can continue to give consent to care or refuse treatment. Their capacity to give consent must be assessed for each treatment.

### Section 6: Assessment of the person's capacity — B: Administration of property

Protective supervision is instituted to represent a person in the administration of their property.

Administration of the property and the exercise of the associated civil rights refers mainly to a person's capacity to sign contracts, collect their income, accept or refuse a succession, make a donation, manage or sell a building, manage their salary, etc.

Despite their condition, does the person have the capacity to make informed decisions in their everyday life and understand their consequences?

A mandator may have included clauses to this end in the mandate they prepared in the event of their incapacity.

### Section 8: General information about the evaluating physician

Your full address is required, including your email address, if available. This allows us to contact you more quickly should the need arise.

### Transmission instructions

**Important:** The information contained in this assessment is strictly confidential. It is therefore necessary to ensure confidentiality at all stages: during the production of the assessment, during transmission within the institution, and to authorized recipients. The assessment should only be sent out if the person is deemed incapacitated.

In cases involving an **application to institute public protective supervision (by the Curateur public)**:

- Send the original copy of the assessment to the Director General of the requiring institution.

In cases involving an **application to institute private protective supervision (by a relative or a friend) or to homologate a mandate**:

- Send the original of this assessment to the petitioner who has made a sworn statement that he or she plans to apply for the institution of protective supervision or to homologate of a mandate.

([Section 22, Act Respecting Health Services and Social Services](#))

- Send a copy to the concerned person and keep a copy for your records.