



Adapted from *Judicial Determination of Capacity of Older Adults in Guardianship Proceedings* developed by the American Bar Association (ABA)/American Psychological Association (APA) Assessment of Capacity in Older Adults Work Project Working Group, copyright 2006, ABA and APA.

**2. COGNITIVE AND EMOTIONAL FUNCTIONING** Describe below or complete supporting documents. Include the individual's strengths and weaknesses.

**A. Alertness/Level of Consciousness**

Overall Impairment:  None  Mild  Moderate  Severe  Non-Responsive  
Alertness will likely  Improve  Be stable  Decline  Fluctuate  Uncertain

**B. Memory and Cognitive Functioning**

Overall Impairment:  None  Mild  Moderate  Severe

Describe below or  in Attachment

**C. Emotional and Psychiatric Functioning**

Overall Impairment:  None  Mild  Moderate  Severe

Describe below or  in Attachment

**D. Fluctuation.**

Symptoms vary in frequency, severity, or duration:

Yes  No  Uncertain

If mental status is fluctuating significantly, is this likely to change sufficiently to impact function?

Yes  No  Uncertain

**3. EVERYDAY FUNCTIONING.** (See supporting documents for detail)

**A. Activities of Daily Living (ADL'S)**

**Ability to Care for Self** (bathing, grooming, dressing, walking, toileting, etc.)

Level of Function:

- can manage without supervision or assistance
- could manage with supervision or assistance of support
- unable to manage without the supervision of a guardian

**B. Instrumental Activities of Daily Living (IADL'S) (Complete supporting documents)**

**Financial Decision-Making** (bills, donations, investments, real estate, wills, protect assets, resist fraud, etc.)

- can manage without supervision or assistance
- could manage with supervision or assistance of support services
- unable to manage without the supervision of a guardian

**Medical Decision-Making** (express a choice and understand, appreciate, reason about health info, etc.)

- can manage without supervision or assistance
- could manage with supervision or assistance of support
- unable to manage without the supervision of a guardian

**Care of Home and Functioning in Community** (manage home, health, telephone, mail, drive, leisure, etc.)

- can manage without supervision or assistance
- could manage with supervision or assistance of support services
- unable to manage without the supervision of a guardian

**Other Relevant Civil, Legal, or Safety Matters** (sign documents, vote, retain counsel, etc.)

- can manage without supervision or assistance
- could manage with supervision or assistance of support services
- unable to manage without the supervision of a guardian

**4. VALUES AND PREFERENCES.**

**Values about guardianship**

Does the person want a guardian?                      If yes, who does the person want to be guardian?

**Preferences for how decisions are made**

Does the individual prefer that decisions be made alone or with others?

**Preferences for habitation**

Where does the person want to live?                      What is important to the individual in a home environment?

### Goals and Quality of Life

What makes life good or meaningful for the individual?

What have been the individual's most valued relationships and activities?

### Concerns, Values, Religious Views

What over-arching concerns drive decisions – e.g., concern for the well-being of family, concern for preserving finances, worries about pain, concern for maintaining privacy, desire to be near family, living as long as possible, etc.?

Are there important religious beliefs or cultural traditions?

What are the individual's strong likes, dislikes, hopes, and fears?

## 5. RISK OF HARM AND LEVEL OF SUPERVISION NEEDED

**Nature of Risks.** Describe the significant risks facing this person, and note whether these risks are due to this person's condition and/or due to another person harming or exploiting him or her.

**Social Factors.** Describe the social factors (persons, supports, environment) that decrease the risk or that increase the risk.

**B.** How **severe** is risk of harm to self or others:     Mild     Moderate     Severe

**C.** How **likely** is it     Almost Certain     Probable     Possible     Unlikely

**D. Level of Supervision Needed. *In my clinical opinion:***

Locked facility     24-hr supervision     Some supervision     No supervision

Needs could be met by:     Limited Guardianship     Less Restrictive Alternative

If checked, Explain:

## 6. TREATMENTS AND HOUSING. The individual would benefit from:

Education, training, or rehabilitation     Yes     No     Uncertain

Mental health treatment     Yes     No     Uncertain

Occupational, physical, or other therapy     Yes     No     Uncertain

Home and/or social services     Yes     No     Uncertain

Assistive devices or accommodations     Yes     No     Uncertain

Medical treatment, operation or procedure     Yes     No     Uncertain

Other:     Yes     No     Uncertain

Adapted from *Judicial Determination of Capacity of Older Adults in Guardianship Proceedings* developed by the American Bar Association (ABA)/American Psychological Association (APA) Assessment of Capacity in Older Adults Work Project Working Group, copyright 2006, ABA and APA.

Describe any specific recommendations:

**7. ATTENDANCE AT HEARING**

The individual can attend the hearing  Yes  No  Uncertain

If no, what are the supporting facts:

If yes, how much will the person understand and what accommodations are necessary to facilitate participation:

**8. CERTIFICATIONS\***

I am a  Physician  Psychologist  Other qualified mental health professional licensed to practice in the state of \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

This form was completed based on:

- an examination for the purpose of capacity assessment
- my general clinical knowledge of this patient

Prior to the examination, I informed the patient that communications would **not** be privileged:

- Yes
- No

Date of this examination or the date you last saw the patient: \_\_\_\_\_

Time spent in examination: \_\_\_\_\_

Other sources of information for this examination:

- Review of medical record
- Discussion with health care professionals involved in the individual's care
- Discussion with family or friends
- Other

I hereby certify that this report is complete and accurate to the best of my information and belief. I further testify that I am qualified to testify regarding the specific functional capacities addressed in this report, and I am prepared to present a statement of my qualifications to the Court by written affidavit or personal appearance if directed to do so.

SIGNATURE of CLINICIAN \_\_\_\_\_

DATE \_\_\_\_\_

Print Name \_\_\_\_\_

License type, \_\_\_\_\_ number, \_\_\_\_\_ and date \_\_\_\_\_

Adapted from *Judicial Determination of Capacity of Older Adults in Guardianship Proceedings* developed by the American Bar Association (ABA)/American Psychological Association (APA) Assessment of Capacity in Older Adults Work Project Working Group, copyright 2006, ABA and APA.

### Supplemental Documents

#### List all Medications

Name

Dosage/Schedule

List any tests which bear upon the issue of incapacity, the findings and date of tests:

## Supplemental Attachment/Links for Clinical Evaluation Report

These rating categories MAY be used in more complex cases when more detail is DESIRED by the clinician or court.

### Cognitive Functioning

1. **Sensory Acuity** (detection of visual, auditory, tactile stimuli)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:
2. **Motor Activity and Skills** (active, agitated, slowed; gross and fine motor skills)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:
3. **Attention** (attend to a stimulus; concentrate on a stimulus over brief time periods)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:
4. **Working memory** (attend to verbal or visual material over short time periods; hold  $\geq 2$  ideas in mind)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:
5. **Short term/recent memory and Learning** (ability to encode, store, and retrieve information)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:
6. **Long term memory** (remember information from the past)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:
7. **Understanding** ("receptive language"; comprehend written, spoken, or visual information)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:
8. **Communication** ("expressive language"; express self in words, writing, signs; indicate choices)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:



Adapted from *Judicial Determination of Capacity of Older Adults in Guardianship Proceedings* developed by the American Bar Association (ABA)/American Psychological Association (APA) Assessment of Capacity in Older Adults Work Project Working Group, copyright 2006, ABA and APA.

**9. Arithmetic** (understand basic quantities; make simple calculations)

Level of impairment:  None  Mild  Moderate  Severe  Not eval.

Describe:

**10. Verbal Reasoning** (compare two choices and to reason logically about outcomes)

Level of impairment:  None  Mild  Moderate  Severe  Not eval.

Describe:

**11. Visual-Spatial and Visuo-Constructional Reasoning** (visual-spatial perception, visual problem solving)

Level of impairment:  None  Mild  Moderate  Severe  Not eval.

Describe:

**12. Executive Functioning** (plan for the future, demonstrate judgment, inhibit inappropriate responses)

Level of impairment:  None  Mild  Moderate  Severe  Not eval.

Describe:

## Emotional and Psychiatric Functioning

1. **Disorganized Thinking** (rambling thoughts, nonsensical, incoherent thinking)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:
2. **Hallucinations** (seeing, hearing, smelling things that are not there)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:
3. **Delusions** (extreme suspiciousness; believing things that are not true against reason or evidence)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:
4. **Anxiety** (uncontrollable worry, fear, thoughts, or behaviors)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:
5. **Mania** (very high mood, disinhibition, sleeplessness, high energy)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:
6. **Depressed Mood** (sad or irritable mood)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:
7. **Insight** (ability to acknowledge illness and accept help)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:
8. **Impulsivity** (acting without considering the consequences of behavior)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:
9. **Noncompliance** (refuses to accept help)  
Level of impairment:  None  Mild  Moderate  Severe  Not eval.  
Describe:

## Everyday Functioning

1. Independent	2. Needs Support	3. Needs Assistance	4. Total Care	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Care of Self (Activities of Daily Living (ADL's)) and related activities</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintain adequate hygiene, including bathing, dressing, toileting, dental
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepare meals and eat for adequate nutrition
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify abuse or neglect and protect self from harm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Financial (If appropriate note dollar limits)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protect and spend small amounts of cash
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manage and use checks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give gifts and donations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make or modify will
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Buy or sell real property
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deposit, withdraw, dispose, invest monetary assets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish and use credit
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pay, settle, prosecute, or contest any claim
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Enter into a contract, financial commitment, or lease arrangement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continue or participate in the operation of a business
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Employ persons to advise or assist him/her
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resist exploitation, coercion, undue influence
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Medical</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Give/ Withhold medical consent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Admit self to health facility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose and direct caregivers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make or change an advance directive
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manage medications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact help if ill or in medical emergency
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Home and Community Life</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Choose/establish abode
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maintain reasonably safe and clean shelter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Be left alone without danger
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drive or use public transportation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make and communicate choices about roommates
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Initiate and follow a schedule of daily and leisure activities
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establish and maintain personal relationships with friends, relatives, co-Workers

Adapted from *Judicial Determination of Capacity of Older Adults in Guardianship Proceedings* developed by the American Bar Association (ABA)/American Psychological Association (APA) Assessment of Capacity in Older Adults Work Project Working Group, copyright 2006, ABA and APA.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Determine his or her degree of participation in religious activities  
Use telephone  
Use mail  
Avoid environmental dangers such as stove, poisons, and obtain emergency help  
Other:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Civil or Legal**  
Retain legal counsel  
Vote  
Make decisions about legal documents  
Other: