



Important: All sections must be completed.

Follow the [instructions on page 2](#).

1. General information about the person concerned by the reassessment					
Last name		First name		First and last names generally used	
Date of birth <small>yyyy-mm-dd</small>	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary		Health insurance no.		Institution file no.
Address <small>number, street, city</small>			Postal code	Curateur public du Québec file no.	
Tel. no. at home		Mobile no.		Email address	
2. Assessor's conclusions					
I reassessed the person concerned on: <small>yyyy-mm-dd</small>					
This is a:					
<input type="checkbox"/> psychosocial reassessment <input type="checkbox"/> medical reassessment					
Maintaining the measure <input type="checkbox"/> I conclude that the situation of the person concerned by the reassessment is unchanged and I recommend that the current measure of advisor to the person of full age be maintained .			Lifting the measure <input type="checkbox"/> I conclude that the situation of the person concerned by the reassessment has changed and I recommend that the measure of advisor to the person of full age be lifted .		
OR					
3. General information about the assessor					
Last name			First name		
Title					
Licence no.: _____ or vested rights no.: _____					
Tel. no. at work		Ext.	Fax no.	Email address	
Business address for the person concerned <small>name of institution, number, street, city</small>					Postal code
Signature (electronic, digital or blue ink)					Date <small>yyyy-mm-dd</small>



Instructions

Important: This notice must be completed following your reassessment of the person under the measure of advisor to the person of full age. This notice is confirmation that the reassessment was done and, therefore, that the advisor to the person of full age has fulfilled their obligation to have the represented person reassessed.

The represented person's last name and first name entered on the form must match those appearing on the birth certificate.

Transmission instructions

Important: The information contained in this form and its appendices, where applicable, is highly confidential. It is therefore necessary to ensure its confidentiality at all stages, including the production of the assessment reports and their transmission within the establishment and to authorized recipients, in accordance with professional standards and applicable laws.

In the case of a measure that is **maintained**, send a copy of the notice to the advisor to the person of full age and to the person concerned by the reassessment.

In the case of a measure that is **lifted**, send a copy of this notice to the president and competent person* of the establishment or to the designated person in charge of the establishment, along with a copy of your reassessment report (medical or psychosocial). Also send a copy of the documents to the advisor to the person of full age and to the person concerned.

* For the purposes of this form, a "competent person of the establishment" has the following meanings:

- In accordance with the *Act respecting the governance of the health and social services system* (c. G-1.021):
 - > For a public institution: the medical and professional services director, under the immediate authority of the president-CEO.
 - > For a private institution: the highest-ranking executive.
- In accordance with the *Act respecting health services and social services for Cree Native persons* (c. S-5):
 - > For a public institution: the executive director, under the authority of the board of directors, or the professional services director, where applicable.
 - > For a private institution: the executive director.
- In accordance with the *Act respecting health services and social services for the Inuit and Naskapi* (c. S-4.2):
 - > For a public institution: the professional services director, under the authority of the executive director.
 - > For a private institution: the executive director.