

Follow the [transmission instructions on page 9](#).

Instructions

This form is provided by the Curateur public in accordance with the Regulation respecting the application of the Public Curator Act and contains the necessary elements to enable the court to rule on the application to institute a tutorship to a person of full age or to homologate a protection mandate.

- If you do not complete the assessment form in its electronic version, **please write legibly**.
- **Print** the form on **one side** of the sheet only.
- If there is not enough space, **continue on another sheet**, which you will add **as an appendix**.

Definitions

Faculties, abilities: For the purposes of your evaluation, the word “faculty” can be understood as “capacity”. “Faculty” is used here because it is the term used in the Civil Code.

(“Faculty” refers to the effective possibility for the person concerned to achieve things in his life with all the resources at his disposal, and not only thanks to his intellectual faculties. As for the legal “capacity” of the adult, it can only be limited by an express provision of the law or by a judgment pronouncing the opening of a guardianship, approving a protection mandate or authorizing the temporary representation of an incapacitated adult.)

Incapacity: Under a tutorship or a protection mandate, incapacity refers to the partial or total loss of the person’s ability to make decisions and act independently to take care of themselves, administer their property, or generally exercise their civil rights.

Tutorship: A protective measure for an incapable person of full age who cannot take care of themselves or administer their property. The institution of a tutorship is ordered by the court. The tutorship can be to the property, to the person, or both, depending on the needs of the person it is protecting.

Terms of the tutorship: Always remember that a person of full age, even under tutorship, can exercise several of their civil rights and perform several legal acts. They can, in particular, unless the court decides otherwise, enter into a contract to meet their usual and customary needs, perform acts relating to their employment, art, or profession, and manage the proceeds of their work. The modulation of the tutorship will then aim to revoke the exercise of these rights, depending on their faculties.

Custody: Custody refers to the right to choose one's place of residence, whereabouts and associations. This responsibility is entrusted to his or her tutor, unless the court decides that, because of his faculties, the person can exercise these rights himself, and therefore does not need a guardian or guardian.

Protection mandate: A document in which a person of full age appoints one or more persons, called mandataries, to take care of them or to administer their property, or both, in the event of incapacity. It specifies the extent of the powers given to the mandataries. It takes effect once the person of full age is declared incapable and after having been homologated by a court.



1. General information about the person concerned by the assessment

Last name		First name		First and last names generally used	
Date of birth yyyy-mm-dd	Sex M F Non-binary	Health insurance no.		Institution file no.	
Address no., street, city					Postal code
Tel. no. at home		Mobile no.	Email address		

2. Circumstances motivating the application for reassessment

You must indicate the circumstances motivating the application, e.g., loss of a significant person who compensated for the person concerned's deficits, worsening of the disease, etc.

Circumstances motivating the application:

Person requesting the assessment:

Last name	First name	Relationship to the person concerned
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3. Examination and consultations

The *Civil Code of Québec* stipulates that the physician must have examined the person concerned by the assessment. This assessment cannot be performed solely on the basis of a file. The date(s) of the examination(s) must be indicated on the form.

Date of examination(s) yyyy-mm-dd yyyy-mm-dd yyyy-mm-dd			Protection measure considered by the person applying for the assessment: Tutorship Protection mandate
I have known the patient since: yyyy-mm-dd			

People consulted as part of your assessment (e.g., people close to the person concerned, social worker, nurse, etc.)

Last name of first person consulted		First name of first person consulted	
Relationship to the person concerned	Tel. no.	Ext.	Date of consultation yyyy-mm-dd
Last name of second person consulted		First name of second person consulted	
Relationship to the person concerned	Tel. no.	Ext.	Date of consultation yyyy-mm-dd
Last name of third person consulted		First name of third person consulted	
Relationship to the person concerned	Tel. no.	Ext.	Date of consultation yyyy-mm-dd

Name(s) of the report(s) or document(s) you consulted. Attach the documents you consulted, **only** if relevant.

4. Diagnoses related to the incapacity
 Specify the type and severity, where applicable.
 You must indicate the diagnoses relevant to the application only.

Neurocognitive disorders

Dementia (specify): _____
 Traumatic brain injury
 Other (specify): _____

Date of diagnosis: _____ aaaa-mm

Neurodevelopmental disorders

Intellectual disability (specify): _____
 Other (specify): _____

Date of diagnosis: _____ aaaa-mm

Mental disorders

Diagnosis (schizophrenia, schizoaffective disorder, bipolar affective disorder, personality disorder, etc.) : (specify): _____	Date of diagnosis: yyyy-mm-dd
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Severity of the disorder

Symptoms

Acute	Intermittents	Chronic	Residual	Absent
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Comments:

Other diagnoses or issues that affect a person's ability to make decisions for himself and as regards the administration of his patrimony.

In the case of an application for homologation of a protection mandate where the date of the diagnosis precedes or coincides with the date of the person concerned's mandate, can you attest to the person concerned's capacity at the time they prepared their mandate?

Yes No Specify: _____

5. Assessment of capacity

As needed, you may attach additional relevant documents.

Person concerned's relevant medical history (clinical presentations, symptoms and diagnoses)

Relevant physical examination and examination of mental and cognitive functions

Assessment of decision-making faculties with respect to protection of the person

Protection of the person is notably understood to address elements such as security, food, healthcare, living environment and defense of the person's rights.

- Assessment of the person's understanding of the important actions and information associated with the protection of self.
- Assessment of his ability to value elements associated with the protection of self (impact on his life, i.e., on his person, situation, relationships, etc., emergence of various problems, effect on his beliefs, culture, choices, etc.).
- Assessment of the reasoning underlying his decisions.
- Assessment of his ability to communicate his decisions and make consistent and coherent choices.

Assessment of decision-making faculties with respect to the administration of the property

Administration of property, in turn, involves the ability to purchase daily necessities, handle financial documents, understand personal budgets and oversee transactions.

- Assessment of the person's understanding of the important actions and information associated with the management of his property.
- Assessment of his ability to value elements associated with the management of his property (impact on his life, i.e., on his person, situation, relationships, etc., emergence of various problems, effect on his beliefs, culture, choices, etc.).
- Assessment of the reasoning underlying his decisions.
- Assessment of his ability to communicate his decisions and make consistent and coherent choices.

Relevant paraclinical assessment

Risk assessment demonstrating the impacts of the diagnoses on the person concerned's inability to take care of themselves or to administer their property (e.g., deviant behaviour, drug abuse, wandering, negative relationships, etc.)

**Wishes and preferences. Has the person concerned expressed their wishes and preferences regarding their current situation and the application underway?
What are they?**

6. Assessor’s opinion on the nature of the incapacity

Please indicate your conclusions:

Is the person concerned incapable of administering their property?	YES	NO
Is the person concerned incapable of taking care of their person?	YES	NO

It should always be remembered that an adult, even under tutorship, can exercise several of their civil rights and perform several legal acts. The person may, in particular, unless otherwise decided by the court, enter into contracts to meet her ordinary and usual needs, perform acts relating to her employment, art or profession and manage the product of her work. The modulation of the tutorship will then aim to withdraw the exercise of these rights, according to her faculties.

Would you like to add details about the person concerned’s faculties? If yes, explain:	YES	NO
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7. Recommended time limit for reassessment

NOTE: This section must always be completed. It will be taken into consideration by the court only for applications for the opening of tutorship. Even if the request for assessment is made with a view to an application for homologation of a protective mandate, the court may open a tutorship instead. The time limit cannot exceed five (5) years. However, where it is clear that the person concerned’s condition will not change, the time limit for the medical reassessment may be longer than five (5) years, but no more than ten (10) years. The court will determine the time limit for reassessment based on the physician’s recommendation, the nature of the incapacity, the extent of the person concerned’s needs, and other characteristics of their condition.

The maximum time limit must not become the norm and must only be recommended when justified by the person’s situation.

Recommended time limit for the medical reassessment: _____ year(s)

Please justify this time limit:

8. General information about the physician performing the assessment			
Last name		First name	
Specialty		Licence no.	
Tel. no. at work	Ext.	Fax no.	
Email address			
Business address for the person concerned <small>institution name, number, street, city</small>			Postal code
Signature (digital or blue ink)			Date <small>yyyy-mm-dd</small>

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 institution and to authorized recipients, in accordance with professional standards and applicable laws. **The report should only be transmitted if the assessment finds that there is an incapacity.**

In the case of an **application to institute a public tutorship (by the Curateur public)**:

- send the original report to the competent person* of the establishment.

In the case of an **application to institute a private tutorship (by people close to the person concerned) or an application to homologate a mandate**:

- send the original report to the applicant who has attested under oath that they intend to apply for the institution of a tutorship or the homologation of a mandate (ARHSSS, Sect. 25 [c. R-22.1]);
- send a copy to the person concerned and keep a copy on file.

* 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.