

COMPLETE ITEMS 1-4 IN ALL CASES.

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Probate Code, §§ 811,
813, 1801, 1825,
1881, 1910, 2356.5

CONSERVATORSHIP OF (Name): _____ ☐ CONSERVATEE ☐ PROPOSED CONSERVATEE	CASE NUMBER: _____
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☐ **EVALUATION OF PATIENT'S MENTAL FUNCTION**

6. **Note to the medical practitioner:** This form is *not* a rating scale. It is intended to assist you in recording your *impressions* of the patient's mental abilities. Where appropriate, please feel free to refer to scores on standardized rating instruments.

Instructions (items A–C): Check the appropriate designation as follows: **a** = no apparent impairment; **b** = moderate impairment; **c** = major impairment; **d** = so impaired as to be incapable of being assessed; **e** = I have no opinion.

A. Alertness and attention

- (1) Levels of arousal (lethargic, responds only to vigorous and persistent stimulation, stupor)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (2) Orientation (types of orientation impaired)
 a ☐ b ☐ c ☐ d ☐ e ☐ Person
 a ☐ b ☐ c ☐ d ☐ e ☐ Time (day, date, month, season, year)
 a ☐ b ☐ c ☐ d ☐ e ☐ Place (address, town, state)
 a ☐ b ☐ c ☐ d ☐ e ☐ Situation ("Why am I here?")
- (3) Ability to attend and concentrate (ability to give detailed answers from memory, mental ability required to thread a needle)
 a ☐ b ☐ c ☐ d ☐ e ☐

B. Information processing Ability to

- (1) Remember, that is, short- and long-term memory, immediate recall (deficits reflected by forgetting question before answering; inability to recall names, relatives, past presidents, or events of past 24 hours)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (2) Understand and communicate either verbally or otherwise (deficits reflected by inability to comprehend questions, follow instructions, use words correctly, or name objects; use of nonsense words)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (3) Recognize familiar objects and persons (deficits reflected by inability to recognize familiar faces, objects, etc.)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (4) Understand and appreciate quantities (deficits reflected by inability to perform simple calculations)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (5) Reason using abstract concepts (deficits reflected by inability to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (6) Plan, organize, and carry out actions (assuming physical ability) 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 ☐ d ☐ e ☐
- (7) Reason logically
 a ☐ b ☐ c ☐ d ☐ e ☐

C. Thought disorders

- (1) Severely disorganized thinking (rambling thoughts; nonsensical, incoherent, or nonlinear thinking)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (2) Hallucinations (auditory, visual, olfactory)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (3) Delusions (demonstrably false belief maintained without or against reason or evidence)
 a ☐ b ☐ c ☐ d ☐ e ☐
- (4) Uncontrollable or intrusive thoughts (unwanted compulsive thoughts, compulsive behavior)
 a ☐ b ☐ c ☐ d ☐ e ☐

D. Ability to modulate mood and affect The patient ☐ has ☐ does NOT have a pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances. (If so, complete remainder of 6D.)
☐ I have no opinion.

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

Anger a ☐ b ☐ c ☐	Euphoria a ☐ b ☐ c ☐	Helplessness a ☐ b ☐ c ☐
Anxiety a ☐ b ☐ c ☐	Depression a ☐ b ☐ c ☐	Apathy a ☐ b ☐ c ☐
Fear a ☐ b ☐ c ☐	Hopelessness a ☐ b ☐ c ☐	Indifference a ☐ b ☐ c ☐
Panic a ☐ b ☐ c ☐	Despair a ☐ b ☐ c ☐	

(Continued on next page)

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6. (continued)

E. The patient's periods of impairment from the deficits indicated in items 6A–6D

- (1) ☐ do NOT vary substantially in frequency, severity, or duration.
 (2) ☐ do vary substantially in frequency, severity, or duration (*explain*):

F. ☐ (Optional) Other information regarding my evaluation of the patient's mental function (e.g., diagnosis, symptomatology, and other impressions) (*specify*):

☐ Stated in Attachment 6F.

☐ **ABILITY TO CONSENT TO MEDICAL TREATMENT**

7. Based on the information above, it is my opinion that the patient

- a. ☐ has the capacity to give informed consent to any form of medical treatment. The opinion expressed in item 7a is limited to medical consent capacity.
 b. ☐ lacks the capacity to give informed consent to any form of medical treatment because the patient is **either** (1) unable to respond knowingly and intelligently regarding medical treatment **or** (2) unable to participate in a treatment decision by means of a rational thought process, **or both**. The deficits in the mental functions described above significantly impair the patient's ability to understand and appreciate the consequences of medical decisions. The opinion expressed in item 7b is limited to medical consent capacity.

☐ **DEMENTIA**

8. Based on the information above, it is my opinion that the patient ☐ has ☐ does NOT have dementia as defined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders*. (If the patient has dementia, complete items 8a and 8b.)

- a. **Restricted placement** The patient ☐ needs or would benefit from ☐ does NOT need or would not benefit from placement in a secured facility for the elderly or a secured nursing facility that specializes in the care and treatment of people with dementia.
 b. **Dementia medications**
 (1) The patient ☐ needs or would benefit from ☐ does NOT need or would not benefit from medications appropriate to the care and treatment of dementia.
 (2) The patient ☐ does ☐ does NOT lack capacity to give informed consent to the administration of dementia medications.

9. Number of pages attached: _____

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

Date:

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(TYPE OR PRINT NAME)

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(SIGNATURE OF DECLARANT)