

GUARDIANSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> <input type="checkbox"/> PROPOSED DEPENDENT ADULT	CASE NUMBER:
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6. EVALUATION OF (PROPOSED) DEPENDENT ADULT'S MENTAL FUNCTIONS

Note to practitioner: This form is *not* a rating scale. It is intended to assist you in recording your *impressions* of the (proposed) dependent adult's mental abilities. Where appropriate, you may refer to scores on standardized rating instruments.

(Instructions for items 6A–6C): 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 (give detailed answers from memory, mental ability required to thread a needle)

a b c d e

B. Information processing. Ability to:

(1) Remember (ability to remember a question before answering; to recall names, relatives, past presidents, and events of the past 24 hours)

i. Short-term memory a b c d e

ii. Long-term memory a b c d e

iii. Immediate recall 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) Hallucination (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

(Continued on next page)

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6. (continued)

D. **Ability to modulate mood and affect.** The (prop) dependent adult 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 item 6D.) I have no opinion.

(Instructions for item 6D): 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	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Euphoria	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Helplessness	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Anxiety	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Depression	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Apathy	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Fear	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Hopelessness	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Indifference	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>
Panic	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>	Despair	a	<input type="checkbox"/>	b	<input type="checkbox"/>	c	<input type="checkbox"/>							

E. The (proposed) dependent adult'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; continue on Attachment 6E if necessary*):

F. (Optional) Other information regarding my evaluation of the (proposed) dependent adult's mental function (diagnosis, symptomatology, and other impressions) is stated below stated in Attachment 6F.

ABILITY TO CONSENT TO MEDICAL TREATMENT

7. Based on the information above, it is my opinion that the (proposed) dependent adult

- a. has the capacity to give informed consent to any form of medical treatment. This opinion is limited to medical consent capacity.
- b. lacks the capacity to give informed consent to any form of medical treatment because he or she 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 in item 6 above significantly impair the (proposed) dependent adult's ability to understand and appreciate the consequences of medical decisions. This opinion is limited to medical consent capacity.

(Declarant must initial here if item 7b applies: _____.)

8. Number of pages attached: _____

I declare under penalty of perjury under the laws of the Agua Caliente Band of Cahuilla Indians that the foregoing is true and correct. Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)