

**SCHEDULE**

**FORM 1**

**REPORT OF A PHYSICIAN OR PSYCHOLOGIST**

Patient's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

In my opinion: \_\_\_\_\_  
(full name)

- \* A. is repeatedly or continuously unable
  - (i) to care for himself/herself, and
  - (ii) to make reasonable judgments in respect of matters relating to himself/herself;
  
- B. is
  - (i) unable to make reasonable judgments in respect of matters relating to all or any part of his/her estate, and
  - (ii) in need of a trustee.

I have formed my opinion based on the following observations or symptoms:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Prognosis: \_\_\_\_\_

Based on this, I am of the opinion that it would be in his/her best interests for a \_\_\_\_\_  
(guardian/trustee)  
to be appointed for him/her

\_\_\_\_\_  
(Physician's or Psychologist's Name)

\_\_\_\_\_  
(Physician) (Psychologist)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date)

\* Delete whichever or what is not applicable  
(Including, if appropriate, the whole of paragraph A or B)