

GUARDIANSHIP VISIT REPORT

Incapacitated Person:

Date:

| | |
|--|--|
| 1. Location: Contact @ Location: | |
| 2. Current Medical diagnosis? Attending Doctor; last visit? | |
| 3. Current medication(s) and how they affect functioning. | |
| Describe the physical condition and functional impairments of the individual, including: 4. Mobility (can walk on own, with a cane or walker, uses a wheelchair, stays in bed, etc.). | |
| 5. Observations of the individual's ability to handle Average Daily Living Skills (ADLS) and amount of assistance needed: a) Preparing/attending meals and eating | |
| b) Bathing/dressing/grooming | |
| c) Shopping and housework (cleaning room, laundry, etc.) | |
| d) Other Comments re ADL's | |

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6. List *observations* of the **Mental Condition and functional impairments** of the individual, (explain and give examples if possible, note source of information – observation, staff notes, staff comments, etc.):

a) Do they know **where** they are? Yes
 NO (explain)

b) Do they **recognize** family and friends? Yes
 NO (explain)

c) Are they **alert** or is it hard to get their attention? Yes
 NO (explain)

d) Can they **communicate**?
 (Speech & Hearing) Yes
 NO (explain)

e) Have they **wandered** off or gotten **lost**? No
 YES (explain)

f) Do they get **confused** easily? no
 YES (explain)

g) Observed **unusual behavior**? no
 YES (explain)

h) Are they able to participate in **Finances**? know assets, monthly income – source & amount – debts & bills Yes
 NO (explain)

i) COMMENTS

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| | |
|---|------------------------------------|
| 7. Services provided (and adequacy) since last report or appointment: | |
| a) Medical | |
| b) Educational | |
| c) Vocational | |
| d) Professional | |
| e) Recent Changes: | |
| 8. Current Treatment plan | |
| Agree/Disagree (why not?) | |
| 9. Social Status: | |
| a) Living Arrangements: | |
| b) PATIENT FUNDS ACC'T: | BAL: NEEDS: |
| Summary of withdrawals: | |
| c) ROOM & CLOTHING (neat, clean, dirty, etc.) | |
| 10. Future Guardianship: | Continue? Change? Other? |
| 11. Expenses incurred AS GUARDIAN | |
| 12. Number of Guardianship Visits | |

Signed: _____