

To: Monterey County Public Guardian
1441 Schilling Place
Salinas, CA 93901
Office: (831) 883-7585 Fax: (831) 775-8075

**CONFIDENTIAL DECLARATION OF PHYSICIANS OR QUALIFIED LICENSED
PSYCHOLOGISTS REGARDING GRAVE DISABILITY**

If you conclude the patient is not gravely disabled, please only answer questions 1-12, go to end and sign the form.

If you conclude the patient is gravely disabled, please answer all questions regarding the recommended legal disabilities to be imposed on the patient.

1. Patient Name: _____
2. Facility/Agency Providing Evaluation: _____
3. Date(s) of evaluation: _____
4. Mental Health Diagnosis (if any): _____
5. The persons completing this evaluation are licensed in the State of California as physicians or licensed psychologists who have a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders?
Yes No (*if no, you are not legally qualified to complete this form*)
6. Ultimate Opinion: It is my opinion that at this time, the patient is:
Gravely Disabled (as defined by Welf. and Inst. Code § 5008(h)(1)(A).)
Not Gravely Disabled
7. Is the above diagnosis a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), other than a substance use disorder or developmental disorder or acquired traumatic brain injury?
Yes No
8. Does the patient have other non-psychiatric medical conditions for which routine medical treatment is required? (Such as daily medication for high blood pressure, diabetes, etc...)
No other non-psychiatric medical conditions
Yes (list conditions):

9. Ability to provide for Food (select one):

The patient is currently able to provide or obtain food.

The symptoms of patient's mental health diagnosis are causing the patient to be unable to provide for FOOD as follows (explain in detail how the diagnosis impacts the patient's ability to feed themselves):

10. Ability to provide for Clothing (select one):

The patient is currently able to appropriately clothe themselves.

The symptoms of patient's mental health diagnosis are causing the patient to be unable to provide for CLOTHING as follows (explain in detail how the diagnosis impacts the patient's ability to clothe themselves):

11. Ability to provide for Shelter (select one):

The patient currently has shelter and is reasonable likely to be able to survive safely in this shelter.

The symptoms of patient's mental health diagnosis are causing the patient to be unable to provide for SHELTER as follows (explain in detail how the diagnosis impact the patient's ability to provide shelter themselves):

12. Ability to accept to psychiatric medical treatment voluntarily (select one):

The patient is currently willing and able to accept to psychiatric medical treatment voluntarily.

The patient's conduct or behavior demonstrating inability (lack of capacity) or unwillingness to accept treatment voluntarily is (explain in detail):

13. **Driver's License:** Should the patient be allowed to possess a driver's license?

Yes

No (mark all that apply):

The prescribed medications would impair the patient's ability to safely operate a motor vehicle

The patient suffers from one or more of the following symptoms, which would impair the ability to safely operate a motor vehicle:

Visual hallucinations

Auditory hallucinations

Delusional thinking

Suicidal ideation

Other symptoms: _____

14. **Contracts:** Does the patient have capacity to reasonably enter into contracts?

Yes

No

The patient is delusional about the nature and/or amount of their assets.

The patient has a history of compulsive spending.

The patient is susceptible to undue influence.

Due to mental illness, the patient lacks the capacity to sufficiently understand the nature and/or complexity of contracts and financial transactions.

Other: _____

15. **Voting:** Can the Patient *communicate*, with or without reasonable accommodations, a desire to participate in the voting process? Only check no if patient cannot communicate.

Yes No

16. **Psychiatric Medical Decisions:** Does the patient have capacity to give informed consent (or withhold consent) to psychiatric medication and treatment related to the above mental health diagnosis?

Yes, the patient has capacity to provide informed consent for themselves.

No, the patient requires a conservator to provide informed consent because (mark all that apply):

- The patient lacks sufficient awareness of their situation, including the existence and nature of their mental disorder.
- The patient is unable to sufficiently understand the risks and benefits of and the alternatives to recommended treatment.
- The patient is unable to understand and knowingly and intelligently evaluate the information required to be given patients whose informed consent is sought, and to otherwise participate in the treatment decision by rational thought process.
- Other: _____

17. **Routine Medical Decisions (Non-Psychiatric):** Does the patient have capacity to give informed consent to routine medical and diagnostic treatment related to their non-psychiatric medical conditions (if any)? (Select one)

Yes, the patient has capacity to provide informed consent for themselves for routine (non-psychiatric) treatment.

No, the patient cannot give informed consent to routine medical treatment for non-psychiatric medical conditions because (mark all that apply):

- The patient lacks sufficient awareness of their non-psychiatric medical condition situation, including the existence and nature of the condition.
- The patient is unable to sufficiently understand the risks and benefits of and the alternatives to recommended treatment.
- The patient is unable to understand and knowingly and intelligently evaluate the information required to be given patients whose informed consent is sought, and to otherwise participate in the non-psychiatric treatment decision by rational thought process.
- Other: _____

18. **Firearms:** Should the patient be allowed to possess a firearm or deadly weapon due to a risk of danger to self or others? (mark all that apply):

Yes, the patient can safely possess a firearm or other deadly weapon.

No, due to the patient's mental illness, allowing them to possess firearms/deadly weapons would present a danger to the patient or others because of the following symptoms:

- Has been on more than 2 involuntary holds (i.e. 5150, 5250) in a 12 month period
- Visual hallucinations
- Auditory hallucinations
- Delusional thinking
- Suicidal ideation
- Other symptoms: _____

We declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct to the best of my knowledge.

#1 _____
Signature

#2 _____
Signature

Type or Print Name of Declarant #1

Type or Print Name of Declarant #2

Date Signed by Declarant #1

Date Signed by Declarant #2