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# THE GUARDIANSHIP BOARD

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MALTA

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The Registrar  
Office of the Guardianship Board  
Il-Ministeru għall-Inkluzjoni, il-Volontorjat u d-Drittijiet tal-Konsumatur,  
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## Medical Report

**At the time of completing this report, the medical practitioner should know that:**

Before making a Guardianship order in respect of the proposed represented person, the Guardianship Board must be satisfied that:

1. The person has a disability (intellectual impairment, mental disorder, brain injury, physical disability or dementia);
2. The disability makes the person incapable of making reasonable decisions about their person or circumstances (including accommodation and health care) or their financial and legal affairs.
3. There is a need for a Guardian. This will not be established if there are less restrictive means of meeting the person's needs.

The completeness and accuracy of the information that you provide will greatly assist the Guardianship Board to determine whether to make an order concerning the proposed represented person. The medical report needs to be completed up till thirty (30) days before the submission of the application.

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### **1** The Person who will be subject to Guardianship

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Surname

Name

Date of Birth     /     /

Gender    Male    Female

ID Number

How long have you known this person?

How many times have you seen this person over the past 12 months?

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## 2 Details of the medical practitioner

Surname

Name

Address

Telephone

Mobile

Email

Medical Council  
Registration Number

What is your relationship to the person?

## 3 Does the person have mental incapacity?

**Yes**, proceed to Section 4    **Unsure**, please explain    **No**, please explain

## 4 Diagnosis and assessment

Dementia:    Intellectual disability:    Brain damage from trauma:    Mental health condition:    Other:

Specific diagnosis:

Approximately how long has the person had the mental incapacity?

What tests or examinations have been conducted to support this diagnosis?

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Do you recommend any further assessments for the person?  No  Yes, please specify:

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**What are the social abilities of the person?**

*Please tick as appropriate and provide your observations and comments.*

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	Comments
<i>Listening Skills</i> <input type="radio"/> does not follow what others are saying <input type="radio"/> listens attentively to what others are saying	
<i>Communication</i> <input type="radio"/> communicates verbally and appropriately <input type="radio"/> communicates non-verbally	
<i>Anger Management</i> <input type="radio"/> unable to control anger <input type="radio"/> controls anger but cannot express it appropriately <input type="radio"/> manages anger well	
<i>Relationships</i> <input type="radio"/> does not differentiate between relationships <input type="radio"/> makes distinctions and behaves appropriately	
<i>Compliance</i> <input type="radio"/> complies with reasonable requests or suggestions and is able to resist unreasonable or unfair requests	

<input type="radio"/> over compliance could present serious problems if exposed to people who would exploit this person <input type="radio"/> under-compliant – tends to resist reasonable requests	
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### What are the physical abilities of the person?

Please tick as appropriate and provide your observations and comments.

	Comments
<b>Self-Care</b> <input type="radio"/> capable of taking care of one's personal needs (eating, drinking, hygiene, toileting) <input type="radio"/> requires support in self-care needs <input type="radio"/> fully dependent in self-care needs	
<b>Care of Personal belongings</b> <input type="radio"/> capable of taking care of personal belongings <input type="radio"/> cannot take care of personal belongings	
<b>Movement</b> <input type="radio"/> no difficulty in walking <input type="radio"/> slight difficulty in walking (balance, co-ordination) <input type="radio"/> cannot manage stairs <input type="radio"/> uses wheelchair	
<b>Special diet</b> <input type="radio"/> special diet not required <input type="radio"/> requires special diet	
<b>Communication about symptoms of personal illness</b> <input type="radio"/> communicates health problems and seeks assistance <input type="radio"/> does not always communicate about personal illness and needs asking <input type="radio"/> rarely communicates about personal illness: others usually have to spot signs or symptoms before appropriate action is taken	

### What are the emotional abilities of the person?

Please tick as appropriate and provide your observations and comments.

	Comments
<b>Withdrawal / Isolation</b> <input type="radio"/> outgoing with most other people <input type="radio"/> a generally isolated, withdrawn person with whom it is difficult to create a warm relationship <input type="radio"/> a very isolated person, difficult to make contact with	
<b>Aggression, excessive anger, bad temper</b> <input type="radio"/> never displays aggression, excessive anger or bad temper, or does on occasion but never presents a problem <input type="radio"/> occasional display of aggression, excessive anger or	

<input type="radio"/> bad temper, presents a small problem <input type="radio"/> aggression, excessive anger or bad temper is a serious problem	
<i>Depression</i> <input type="radio"/> does not get depressed, or is only occasionally depressed <input type="radio"/> often depressed or has mood fluctuations <input type="radio"/> severe depression or mood fluctuations	
<i>Self-injurious behaviour</i> <input type="radio"/> is not a problem <input type="radio"/> is a problem	
<i>Diagnosed psychiatric disorder</i> <input type="radio"/> no diagnosed psychiatric disorder <input type="radio"/> diagnosed psychiatric disorder (please specify)	

**Can the person understand and make decisions about the following?**

*A simple decision would be one requiring the adult to consider choices about day-to-day life, whereas a complex decision would require the adult to consider choices which may have long-term consequences.*

	Complex Decisions		Simple Decisions	
Personal health care	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lifestyle/accommodation choices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Financial and legal affairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are there any other medical problems?

What treatment is the person currently on?

Has this person ever expressed to you any views that may be relevant to this application?

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**5 Declaration**

**I hereby declare that to the best of my knowledge, all the information given in this medical report is correct.**

.....  
Signature

.....  
Date

.....  
Name

*Rubber Stamp*

