



FORM AG4

File No.

## PRIMARY CARER'S REPORT

*Guardianship of Adults Act*

### A - PERSON WHO IS THE SUBJECT OF THE APPLICATION FOR A GUARDIANSHIP ORDER ('THE ADULT')

First Name/s:

Surname:

### B - YOUR DETAILS

First Name/s:

Surname:

Postal Address:

E-mail:

Phone:

Mobile phone:

Organisation (if any):

Your position:

Your relationship (if any) with the adult:

### C - PLEASE COMMENT ON THE FOLLOWING AND IF POSSIBLE PROVIDE EXAMPLES TO SUPPORT YOUR COMMENTS

#### C1 - NEED FOR GUARDIANSHIP:

What are your observations regarding the adult's memory - short term and long term?

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What are your observations regarding the adult's concentration and attention?

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What are your observations regarding the adult's consciousness and orientation in time and place?

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What are your observations regarding the adult's comprehension and ability to learn and process information?

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What are your observations regarding the adult's ability to plan and sequence activities and solve problems?

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What are your observations regarding the adult's insight into nature of their disability and its consequent limitations on the adult's daily life?

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What are your observations regarding the adult's ability to make decisions and exercise judgment relevant to daily living?

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**C-2 HEALTH AND CARE NEEDS:**

Is the adult affected by any diagnosed medical conditions? [please provide details]

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Is the adult presently taking medications or undergoing any treatment? [please provide details]

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Do you have any other observations regarding the adult's current health and wellbeing?

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Are you aware of any planned surgery or other medical treatment for the adult? [please provide details]

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Does the adult have any sensory impairments? [please provide details]

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Does the adult have any physical Impairments? [please provide details]

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What are your observations regarding the adult's behaviour (temperament, interactions with others)?

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What are your observations regarding the adult's care needs and ability to perform activities of daily living (including types of assistance needed (eg prompts) and why it is needed)?

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What are your observations regarding the adult's ability to initiate self-care (ie. what would happen if they were left without assistance)?

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**C-3 FAMILY AND COMMUNITY INVOLVEMENT:**

What are your observations regarding the adult's interactions with their family members? [please provide details of the nature and frequency of the interactions]

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Does the adult receive visitors? [please provide details of the nature and frequency of the visits]

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Does the adult visit their family or home community? [please provide details]

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Are you aware of any social, cultural or other special needs of the adult? [please provide details]

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**SIGNATURE**

Signature of primary carer: \_\_\_\_\_

Name:

Date:

## ADDITIONAL INFORMATION

Below is a list of some frequently used words in this application.

### Meaning of '*decision-making capacity*' and '*impaired decision-making capacity*' (see section 5)

- (1) An adult has ***decision-making capacity*** if the adult has the capacity to:
  - (a) understand and retain information about the adult's personal matters and financial matters; and
  - (b) weigh the information in order to make reasoned and informed decisions about those matters; and
  - (c) communicate those decisions in some way.
- (2) An adult is presumed to have decision-making capacity until the contrary is shown.
- (3) An adult has ***impaired decision-making capacity*** if the adult's decision-making capacity is impaired.