

Florida Guardianship Assessment Procedure

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	Florida Guardianship Assessment Procedure	FGAP

FGAP	Florida Guardianship Assessment Procedure	1
I. Identifying Information	Time of Interview Began at: _____ am pm Ended at: _____ am pm	
Examinee's Full Name: _____		
Age: _____ Date of Birth: _____ Marital Status: _____ Sex: _____		
Race: _____ Highest Grade Completed: _____ Date of Order: _____		
Case Number: _____ Circuit Court Judge Signing Order: _____		
County: _____ Location of Evaluation: _____		
Attending Physician: _____ Phone: _____		
Examiner's Name: _____		
II. Sources of Information		
Direct Observation by the Examiner		
Clinical Interview		
Examinee Records and Other Written Documents (Identify records)		
Examination Petition		
Psychological/Medical Testing (Identify the tests utilized or reviewed)		
Third Party Information (Identify parties and relationships to examinee)		
Psychological/Psychiatric/Neurological/Medical Reports (Identify the source and name of professional)		
Telephone Interview with Attending Physician		

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III. Relevant History		
Relevant Social History (Educational, Family, Vocational):		
Medical History (including dates of hospitalizations or nursing home admissions and reports of attending physician):		
Mental Health & Substance Abuse History:		

IV. Clinical Condition

Appearance/Behavioral Observations/Approach to Evaluation (reliable, irrelevant, defensive, exaggerating, non-participating):

Affect

- ☐ Blunted
- ☐ Flat
- ☐ Inappropriate
- ☐ Labile
- ☐ Normal / Appropriate

Mood

- ☐ Angry
- ☐ Anxious
- ☐ Depressed
- ☐ Discouraged
- ☐ Euphoric
- ☐ Frightened
- ☐ Euthymic or Normal

Suicidal Ideation

- ☐ Ideation without plan
- ☐ Ineffective plan
- ☐ Effective plan
- ☐ Absent

Hallucinations

- ☐ Auditory
- ☐ Gustatory
- ☐ Olfactory
- ☐ Tactile
- ☐ Visual

Communication

- ☐ Incoherent
- ☐ Productivity High
- ☐ Productivity Low
- ☐ Mumbled
- ☐ Rate Rapid
- ☐ Rate Slow
- ☐ Slurred
- ☐ Stuttering
- ☐ Voice Loud
- ☐ Voice Soft
- ☐ Non-communicative
- ☐ Non-productive

Memory and Orientation

- ☐ Immediate Memory Impaired
- ☐ Recent Memory Impaired
- ☐ Remote Memory Impaired
- ☐ Oriented to Time
- ☐ Oriented to Place
- ☐ Oriented to Person

Delusions

- ☐ Influence
- ☐ Persecution
- ☐ Religious
- ☐ Somatic
- ☐ Thought Broadcasting

Thought

- ☐ Associations: Clang
- ☐ Associations: Loosened
- ☐ Bizarre Content
- ☐ Blaming

Thought (cont.)

- ☐ Blocking
- ☐ Circumstantiality
- ☐ Denial
- ☐ Evasion
- ☐ Flight-of-Ideas
- ☐ Grandiosity
- ☐ Illogical
- ☐ Impoverished
- ☐ Irrelevant
- ☐ Neologistic
- ☐ Obsessional
- ☐ Paranoid
- ☐ Perseveration
- ☐ Phobias/Fears
- ☐ Rambling
- ☐ Suspiciousness
- ☐ Tangential
- ☐ Word Salad
- ☐ Worthlessness
- ☐ Hopelessness

Activities of Daily Living

- | | | | |
|--------------------------------|--|--|------------------------------------|
| Bathing | <input type="checkbox"/> Independent | <input type="checkbox"/> Needs some assistance | <input type="checkbox"/> Incapable |
| Toileting | <input type="checkbox"/> Independent | <input type="checkbox"/> Needs some assistance | <input type="checkbox"/> Incapable |
| Dressing | <input type="checkbox"/> Independent | <input type="checkbox"/> Needs some assistance | <input type="checkbox"/> Incapable |
| Eating | <input type="checkbox"/> Independent | <input type="checkbox"/> Needs some assistance | <input type="checkbox"/> Incapable |
| Walking/Mobility | <input type="checkbox"/> Independent | <input type="checkbox"/> Needs some assistance | <input type="checkbox"/> Incapable |
| Cook/Prepare Food | <input type="checkbox"/> Independent | <input type="checkbox"/> Needs some assistance | <input type="checkbox"/> Incapable |
| Clean/Manage Home | <input type="checkbox"/> Independent | <input type="checkbox"/> Needs some assistance | <input type="checkbox"/> Incapable |
| Enter and Exit Community | <input type="checkbox"/> Independent | <input type="checkbox"/> Needs some assistance | <input type="checkbox"/> Incapable |
| Manage Money | <input type="checkbox"/> Independent | <input type="checkbox"/> Needs some assistance | <input type="checkbox"/> Incapable |

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<p>V. Capacity</p> <p>1. Marriage. The examinee’s knowledge of marital status, understanding of significance of marriage, divorce, or remarriage with respect to financial and other legal issues, vulnerability to manipulation in this context.</p> <p><input type="checkbox"/> Full Ability <input type="checkbox"/> Limited Ability <input type="checkbox"/> No Ability</p> <p>2. Voting. The examinee’s knowledge of the political process including right/entitlement to vote, current political events and office holders, party allegiance during most recent voting, absentee ballot procedure, resistance to pressure to vote a particular way.</p> <p><input type="checkbox"/> Full Ability <input type="checkbox"/> Limited Ability <input type="checkbox"/> No Ability</p> <p>3. Applying for government benefits. The examinee’s knowledge of benefits to which he or she may be entitled (e.g., Medicare/Medicaid, Social Security, Social Security Disability/Supplemental Disability Income, Aid to Families with Dependent Children, food stamps, housing allowance), knowledge of and ability to initiate and complete application process, interest in receiving benefits to which he or she is entitled and may need.</p> <p><input type="checkbox"/> Full Ability <input type="checkbox"/> Limited Ability <input type="checkbox"/> No Ability</p>		

4. **Having a driver's license.** The examinee's understanding of any physical limitations (e.g., impaired mobility, impaired vision or hearing, delayed reaction time) or cognitive limitations (poor memory, confusion, impaired attention) that might impair driving abilities. The examinee's recent driving experience and intentions with respect to future driving.

☐ **Full Ability**

☐ **Limited Ability**

☐ **No Ability**

5. **Traveling.** The examinee's understanding of physical (e.g., need to receive regular medical treatment) or cognitive (memory for places, confusion) limitations that might affect ability to travel independently. The examinee's ability to plan and carry out trips without risking safety or being taken advantage of by others.

☐ **Full Ability**

☐ **Limited Ability**

☐ **No Ability**

6. **Seeking and retaining employment.** The examinee's understanding of any physical or cognitive limitations that might affect ability to seek or retain employment. The examinee's understanding of the job market and ability to appraise the value of work that he or she might perform without being taken advantage of by others. Ability to recall instructions, maintain attention and concentration.

☐ **Full Ability**

☐ **Limited Ability**

☐ **No Ability**

7. **Entering into contracts.** The examinee's understanding of the legally binding and potentially adversarial nature of contracts and other, less formal agreements such as basic purchases.

☐ **Full Ability**

☐ **Limited Ability**

☐ **No Ability**

8. **Responding to or initiating lawsuits.** The examinee's understanding of how the (civil, non-criminal justice) legal system operates and his/her rights, privileges, and responsibilities. The examinee's knowledge and understanding of any current or pending litigation. Ability to communicate with an attorney.

☐ **Full Ability**

☐ **Limited Ability**

☐ **No Ability**

9. **Managing or making a gift of property or possessions.** The examinee's knowledge of possessions (e.g., car, personal belongings, home), assets (stocks, retirement accounts, cash, savings accounts), and sources of income (e.g., pension, social security income, annuities). The examinee's understanding of obvious or natural heirs (e.g., spouse, children, relatives) and vulnerability of being taken advantage of by others. The examinee's knowledge of regular expenses or bills and ability to respond accordingly (e.g., mortgage payments, utility payments, insurance payments, etc.).

☐ **Full Ability**

☐ **Limited Ability**

☐ **No Ability**

10. **Making decisions about one's residence.** The examinee's understanding and appraisal of any physical or cognitive limitations and the implications of this for making decisions about where and with whom to live.

☐ **Full Ability**

☐ **Limited Ability**

☐ **No Ability**

11. **Consenting to medical treatment.** The examinee's knowledge of current physical and mental health problems and current or recommended treatments. The examinee's ability to weigh and consider various treatment options that may be presented to him or her currently or in the future.

☐ **Full Ability**

☐ **Limited Ability**

☐ **No Ability**

12. **Making decisions about one's social environment and social life.** The examinee's ability to identify persons who may take advantage of him or her; the examinee's judgement with respect to getting into situations that may place him or her at increased risk for harm or undue influence.

☐ **Full Ability**

☐ **Limited Ability**

☐ **No Ability**

VI. Diagnosis

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

Axis V: _____

VII. Other Relevant Considerations

- a. Examinee's perception of need for plenary or limited guardianship
- b. Examinee's willingness to have a guardian appointed
- c. Examinee's feelings regarding person identified as possible guardian
- d. Examinee's preference for guardian should one be appointed

VIII. Conclusions and Recommendations