



**PUBLIC TRUSTEE
AND GUARDIAN**

MEDICAL REPORT FOR THE APPOINTMENT OF AN EMERGENCY GUARDIAN

Telephone: 6207 9800 • Facsimile: 6207 9811

1. Details of person subject to this application

Hospital Number:

Full name

Date of birth

2. Guardianship decisions

Please state clearly the guardianship decisions that are required:

3. Impaired decision-making capacity

Please state clearly what impaired decision-making capacity the person has that prevents them making decisions in relation to their health and welfare:

4. Doctors contact details

Name of doctor preparing medial report: (please print)

Contact Telephone Number of Doctor preparing medical report

Signature of Doctor

Date