

Form C
Declaration of Competency
(Hospitals Act, Section 53)

I, _____ (*full name*), a _____
(*title*) on the staff of _____ (*name of hospital*
or psychiatric facility), personally examined _____ (*full*
name of person) on ___/___/___ (*dd/mm/yyyy*) at _____ a.m./p.m. at
_____ (*location of examination*).

I declare that in my opinion the person (*check one*)

- is competent to administer their estate.
- is not competent to administer their estate.

In arriving at this opinion I have considered **all** of the following:

- the nature and degree of the person's condition
- the complexity of the estate
- the effect of the condition of the person upon their conduct in administering the estate
- any other circumstances that I consider relevant to the estate and the person and their condition.

The following information supports my opinion:

1) Observations from my examination of the patient:

2) Information from other sources:

Sources of above information (*identify specific sources*):

Date of admission to hospital or psychiatric facility: ___/___/____ (*dd/mm/yyyy*).

(date of signature)

(signature)

(printed name)

Note:

Section 2A of the *Hospitals Act* states:

- 2A For the purpose of this Act, any reference to a psychiatrist carrying out a capacity or competency assessment means
- (a) for the purpose of a person in a psychiatric facility, a psychiatrist as defined in clause (r) of Section 2; and
 - (b) for the purpose of a person in a hospital, the attending physician or other suitable health professional determined by the hospital.

Form C added: O.I.C. 2007-239, N.S. Reg. 236/2007.