

# PREPARATORY GUIDE

---

## MEDICAL ASSESSMENT

---

**Related to homologate a protection mandate or to an application to institute a tutorship to a person of full age**



## CONTEXT

This process may appear lengthy, complex, and challenging to navigate—and that is true. However, it is essential to remember that these steps were carefully established by the legislator to ensure the protection of vulnerable individuals. It is crucial to understand that once a judge declares a person incapable, that individual loses the legal right to make decisions concerning their health and finances.

## LANGUAGE OF COMMUNICATION

All communications between you and our team will be conducted in French and/or English. If your relative communicates in another language, it will be your responsibility to find and hire a translator, who cannot be a family member. This translator must be present during the nurse's and doctor's home visits.

## CONTACT INFORMATION

We kindly ask that you complete the entire preparatory guide and sign in the designated areas. You can send the guide along with any additional requested documents to us in one of the following ways:

**Email:** [info@mdomicile.com](mailto:info@mdomicile.com)

**Fax:** (514) 383-5522

**Mail:** 2035 Victoria Avenue, Suite #309, St-Lambert, QC, J4S 1H1

*\*\*\*Please note that using registered mail allows you to track your package. Please allow 10 to 14 business days for document scanning.*

## QUESTIONS

We will be happy to answer any questions you may have during your initial phone appointment with one of our nurses, which is the first step in our preparation process.



# LIST OF ADDITIONAL DOCUMENTS TO BE PROVIDED

## ☑ Copy of the protection mandate

*\*Only in the case of a request for the homologation of the protection mandate.*

A protection mandate is a **document** in which a person expresses their wishes and names one or more trusted people to look after their person and their property should they become incapable. The person who draws up the document is **the mandator** and the people named in the document are **the mandataries**. The protection mandate was formerly known as the “mandate in case of incapacity”.

As their mandatary, you must always act in their best interests and consult with them before taking any action or making any decisions that affect them.

*(<https://www.quebec.ca/en/justice-and-civil-status/legal-protection/protection-mandate/about-protection-mandate>)*

## ☑ Solemn declaration

The solemn declaration is a written confirmation from the legal professional (notary or lawyer) to confirm that they have been appointed to proceed with the opening of a protection regime or the homologation of the protection mandate.

Here is an example of a solemn declaration:

SOLEMN DÉCLARATION

I the undersigned, *FIRST AND LAST NAME*, residing and domiciled at *ADDRESS*, do solemnly declare as follows:


1. That I am the *RELATIONSHIP of PATIENT NAME*;
2. That I intend to request the institution of protection supervision for *PATIENT NAME*;
3. That, to do so, I need to obtain the medical and psychological assessments of *PATIENT NAME*;
4. That I hereby request that the medical and psychological assessments be sent directly to *NOTARY'S NAME AND ADDRESS*;
5. That all the facts alleged therein are true.

IN WITNESS WHEREOF, I HAVE SIGNED in *CITY* on *DATE*.

\_\_\_\_\_  
*MANDATORY'S NAME*

Solemnly declared before me, in *CITY* on *DATE*.

\_\_\_\_\_  
*NOTARY'S NAME*  
Commissioner of oaths





## ☑ QUESTIONNAIRE

1. Please list the reasons that lead you to believe that your relative is incapable of taking care of themselves or their property.
2. Describe in your own words the situations or events that triggered your steps towards the homologation of the protection mandate or the opening of a protection regime.

Here are some examples:

**Loss of a significant person:** The death or incapacity of a close person (such as a spouse, child, or parent) who provided significant support in managing the relative's personal and financial affairs.

**Worsening of a disease or disability:** If the person's medical condition (such as a degenerative disease, accident, or cognitive disorder) worsens to the point of affecting their judgment, decision-making, or ability to manage daily activities.

**Complications of a pre-existing illness:** A deterioration in health following a chronic illness (e.g., Alzheimer's, dementia, stroke, etc.).

**Signs of cognitive decline:** Memory loss, confusion, or impaired judgment that hinder the person's ability to make informed decisions.

**Social or family isolation:** The isolation of a person, particularly when they are cut off from their support network, can exacerbate their difficulties in managing affairs without assistance.

**Financial or legal problems:** Mistakes or omissions in managing finances or property, such as failure to pay essential bills, making imprudent financial decisions, or signing documents without understanding the consequences, can be signs of incapacity to manage autonomously.

**Refusal or inability to recognize their own situation:** When the person appears to deny or be unaware of their own incapacity to manage their affairs.

These events or situations are often triggers for actions aimed at protecting the vulnerable person, to ensure proper management of their property and health.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



**3. List any hospitalizations or medical visits from the past 10 years.**

Admission date	Duration of hospitalization	Establishment name	Reason of hospitalization

**IDENTIFICATION OF PARTIES**

**MANDATOR** *(the person presumed to be incapable for whom you are making this request)*

Maiden name : \_\_\_\_\_ First name : \_\_\_\_\_

Other names previously used : \_\_\_\_\_

Mohter's full name : \_\_\_\_\_

Father's full name : \_\_\_\_\_

Language(s) spoken:  english  french  other(s): \_\_\_\_\_

**FAMILY DOCTOR**  currently  formerly  none

Name : \_\_\_\_\_ First name : \_\_\_\_\_

Clinic name : \_\_\_\_\_

Date of last consultation : \_\_\_\_\_

**SPECIALIST**  none

Name : \_\_\_\_\_ First name : \_\_\_\_\_

Clinic name : \_\_\_\_\_ Specialty : \_\_\_\_\_

Date of last consultation : \_\_\_\_\_



**SOCIAL WORKER**  CLSC  private  none

Name : \_\_\_\_\_ First name : \_\_\_\_\_

Phone : \_\_\_\_\_ Email : \_\_\_\_\_

Company name : \_\_\_\_\_

### **MANDATARY #1 and APPOINTED REPRESENTATIVE**

*\* If you are the sole mandator, please complete the "Mandator #1" section. If multiple mandators are designated, one person should be chosen to manage the mandator's file with our team. This person will be responsible for all communications with the team and will keep the other mandators updated on the progress of the process.*

Name : \_\_\_\_\_ First name : \_\_\_\_\_

Civic address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship with the mandatory: \_\_\_\_\_

### **MANDATARY #2**

Name : \_\_\_\_\_ First name : \_\_\_\_\_

Civic address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship with the mandatory: \_\_\_\_\_

### **MANDATARY #3**

Name : \_\_\_\_\_ First name : \_\_\_\_\_

Civic address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship with the mandatory: \_\_\_\_\_

### **CONTACT INFORMATION FOR SENDING THE ORIGINAL COPY OF THE DOCUMENT REQUIRED BY THE PUBLIC CURATOR.**

It will be processed by a:  notary  lawyer

Name : \_\_\_\_\_ First name : \_\_\_\_\_

Civic address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



## COMMITMENT FORM FOR THE RESPONSIBLE MANDATARY

*This section of the document clarifies the expectations and obligations related to the home care procedure, appointment management, and adherence to legal and professional standards. It helps ensure clear communication between the team and the responsible parties.*

### SECTION TO BE COMPLETED BY THE RESPONSIBLE MANDATARY Please initial the lines if you agree with the following:

#### COMMUNICATIONS

\_\_\_\_\_ All communications regarding your file and confidential medical information will be conducted exclusively by phone. We do not respond to questions or requests made via email or text, unless required by a member of the team.

\_\_\_\_\_ You must designate ONE person who will be responsible for ALL communications regarding your file. If other family members wish to receive updates, they will need to consult you for the information.

\_\_\_\_\_ If you wish to discuss your file with the person responsible from our team, you must schedule a phone appointment with reception.

\_\_\_\_\_ Please leave a voicemail if you do not receive an immediate response when calling one of our receptionists. We commit to respond within 24 business hours.

\_\_\_\_\_ The nurse and doctor responsible for your file will be the only ones with access to your electronic medical record (EMR).

\_\_\_\_\_ All communications with you will be stored in your EMR.

#### DETERMINATION OF INCAPACITY

\_\_\_\_\_ In some more complex cases, determining incapacity may be difficult or even impossible for the doctor. The doctor reserves the right to seek a second opinion from a specialist if necessary.

\_\_\_\_\_ If one of our doctors receives a subpoena to appear in court to provide evidence regarding their evaluation of incapacity, additional fees will be charged for preparation and intervention.

\_\_\_\_\_ If the patient's medical condition changes significantly or becomes unstable at any point during the preparation process (e.g., infection, complications



#### PREPARATORY GUIDE

Medical assessment related to homologate a protection mandate or to an application to institute a tutorship to a person of full age  
This document was prepared by Caroline Rouillard, Registered nurse © MDomicile 2025

from a new diagnosis, or introduction of new medication), the doctor reserves the right to investigate further before completing the form required by the Public Curator.

## DURING HOME VISITS

\_\_\_\_\_ The presence of one of the mandatories is MANDATORY during home consultations.

\_\_\_\_\_ When scheduling the appointment, you may choose the desired day based on the availability of the nurse and doctor. You and the mandator must be available for the ENTIRE DAY, from 9 AM to 4 PM. Several unforeseen events may affect the professional's arrival time (road accidents, construction sites, weather conditions, additional consultations in the same area, etc.).

## CONCLUSION

\_\_\_\_\_ **I have read and understood the contents of this commitment form as well as the entire Preparatory Guide.**

\_\_\_\_\_ I agree to comply with the procedure outlined in this document for the homologation of a protection mandate or the opening of a protection regime.

\_\_\_\_\_ I understand that the interventions and evaluations of all our professionals are governed by the same rules and laws of their respective professional orders, whether they practice in the private or public sector.

## COMMITMENT OF THE RESPONSIBLE MANDATARY

\_\_\_\_\_ Responsible Mandatary's Full Name (printed) Today's date

\_\_\_\_\_ **Responsible Mandatary's Signature**



### PREPARATORY GUIDE

Medical assessment related to homologate a protection mandate or to an application to institute a tutorship to a person of full age  
This document was prepared by Caroline Rouillard, Registered nurse © MDomicile 2025



## RESSOURCES

---

### **For more information on protection mandates**

Visit the Éducaloi website at [educaloi.qc.ca](http://educaloi.qc.ca)

Contact the Public Curator at [www.curateur.gouv.qc.ca](http://www.curateur.gouv.qc.ca) or 1-844-532-8728

### **To meet with a notary or lawyer for free**

Make an appointment at the nearest proximity justice center in Quebec:

[www.justicedeproximite.qc.ca](http://www.justicedeproximite.qc.ca)

### **To find out if you are eligible for legal aid**

Call the legal aid office nearest to you to schedule an appointment.

### **To find a notary**

Visit the website of the Chamber of Notaries of Quebec's referral service.

### **To find a lawyer**

Visit the website of the Bar of Quebec's referral service.

## REFERENCES

---

All information included in this guide was sourced from the websites of the Appui organization, Éducaloi, and the Public Curator of Quebec, as of November 1, 2022.

« le mandat de protection » sur le site de l'appui, 2022-06-19

[<https://www.lappui.org/fr/je-suis-aidant/demarches-administratives/formalites-administratives-et-fiscalite/le-mandat-de-protection/>]

« utiliser le mandat de protection » sur le site de educaloi, 2022-06-17

[[https://educaloi.qc.ca/wp-content/uploads/guide\\_homologation.pdf](https://educaloi.qc.ca/wp-content/uploads/guide_homologation.pdf)]

« prévoyez l'imprévisible », sur le site du curateur public, 2022-06-19

[[https://www.curateur.gouv.qc.ca/cura/fr/outils/publications/mon\\_mandat.html](https://www.curateur.gouv.qc.ca/cura/fr/outils/publications/mon_mandat.html)]

