

Full name of patient: Mr Tan Ah Kow

NRIC/FIN/Passport no. of patient: S1111111X

Age of patient: 55 years old

SECTION 2: DOCTOR'S PARTICULARS

Full name of doctor: Tan Ah Moi

NRIC/FIN/Passport no. of doctor: S2222222Z

MCR no. of doctor: 333333

Hospital / Clinic name and address: 1 Blackacre Hospital, Singapore 01010101

Doctor's qualifications and experience in this area of work:

[To set out details]

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Doctor-patient relationship:

Please state if you have been seeing the patient regularly over a period of time (if so, please state when you first started seeing the patient and how often you see the patient) or if you saw the patient specifically for this mental capacity assessment only.

I have been the doctor in charge of Mr Tan Ah Kow since November 2010. I have seen Mr Tan regularly since then, on average once or twice a year. For purposes of this medical report, I re-examined Mr Tan on 20 June 2015.

SECTION 3: PATIENT'S MEDICAL INFORMATION

Patient's clinical history:

Please also state the source of the information (e.g. from medical records, from the patient, from the applicant etc.).

Mr Tan Ah Kow was accompanied by his son, Mr Tan Ah Beng, for the examination. Mr Tan is a 55 year old man, who is divorced, and unemployed. Mr Tan is currently living with his son, Ah Beng, in Ah Beng's flat. Mr Tan Ah Beng informed me that Mr Tan Ah Kow used to work as a cleaner.

Mr Tan Ah Kow has a history of medical conditions. He has had hypertension and hyperlipidemia since 1990 and suffered several strokes in 2005. He subsequently developed heart problems (cardiomyopathy), cardiac failure and chronic renal disease and was treated in ABC Hospital.

He was last admitted to the ABC Hospital on 1 April 2010 till 15 April 2010, during which he was diagnosed to have suffered from a stroke. This was confirmed by CT and MRI brain scans.

Thereafter, he was transferred to XYZ Hospital for stroke rehabilitation on 15 April 2010.

After that, Mr Tan was referred to Blackacre Hospital for follow-up treatment from in November 2010. The clinical impression was that he was manifesting behavioural and psychological symptoms secondary to Dementia.

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I was informed by Mr Tan Ah Beng that Mr Tan is at present incontinent, and is unable to bathe or use the toilet on his own. He is, however, able to feed himself.

I have observed a gradual deterioration in his cognitive ability and physical state over the years.

Findings from physical examination / mental state examination:

Please state your observations of the patient (i.e. the patient's demeanour, body language, tone of voice etc. relevant to your assessment), the interactions you had with the patient/the tests you administered/the questions you posed, and the date you examined the patient.

Mr Tan was brought to the clinic in a wheel chair. His mood was euthymic (i.e. normal, non-depressed and reasonably positive mood) and he did not have any psychotic symptoms.

Orientation to time, place and person

With regard to his orientation to time, place and person, he was unable to tell that he was in a hospital clinic but identified his son and was able to tell his own name and the name of his son. After being told he was in a hospital clinic, he identified me as a doctor, when asked. However, he could not remember my name, although I have been treating him for the last 5 years. He was able to tell correctly how he arrived at the clinic. However, when asked some moments later where he was, he said he did not know.

He said that it was 10 February (actual date 20 June) and it was a Wednesday (actual day, Monday). He appeared to be just guessing as to what date and day it was. After being told what the day and date were, he forgot a few moments later after being asked again. He could not answer when asked what year it was.

When asked what time it was, he said that it was 5pm in the afternoon (actual time, 3pm). He was not able to tell the time from looking at a watch.

Basic information

He gave his age as 50 years old (actually 55 years) and could not answer when asked when his birthday was. He correctly said he lived in a flat with his son, but could not give the correct address, and also got the area wrong (he said the flat was in Bedok, when it was actually in Jurong.) He incorrectly stated that the Prime Minister was Lee Kuan Yew.

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Simple arithmetic, financial issues

Mr Tan was unable to perform simple arithmetic such as 4 plus 3, giving 8 as the answer, and could not subtract 7 from 10. He could not count backwards from 20 to 1.

He was unable to recognise notes or coins (he identified a 50-cent coin as 20 cents and a 10-dollar note as 2 dollars).

Personal welfare/property and affairs related questions

I asked Mr Tan if he owned any property. Mr Tan said he did. I asked him if he was the sole owner. He said yes. (However, Mr Tan Ah Beng informed me that Mr Tan owned the flat together with his

(Mr Tan's) elderly mother, in joint names, and that the elderly mother was currently living in the flat by herself.) I asked Mr Tan what the address of the flat was. He said he could not remember. I asked how many rooms the flat had, and he said it was a 4-room flat. (However, Mr Tan Ah Beng said it was a 3-room flat.) I asked Mr Tan what he wanted to do with the flat, since he was not staying there. He said that he wanted to rent it out. I asked him whether he planned to rent out the whole flat. Mr Tan said yes (even though his elderly mother was still living there.) I asked him how much rent he planned to charge, Mr Tan said he did not know, and that he was not good at money matters.

I asked him whether he knew what medical problems he had. Mr Tan just stared at me blankly and shook his head. I asked him whether he remembered being in hospital before. Mr Tan nodded. I asked him if he knew what he was in hospital for. Mr Tan shook his head. I asked him if he was taking any medicine at the moment. Mr Tan just looked at me blankly and did not reply.

Date of physical examination/mental state examination: 20 June 2015

Relevant investigation results:

[Results of CT brain, MRI brain scan and other investigations to be stated.]

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Diagnosis:

1. Dementia
2. Stroke

SECTION 4: OPINION ON PATIENT'S MENTAL CAPACITY

OPINION ON PATIENT'S MENTAL CAPACITY IN RELATION TO PERSONAL WELFARE

In your opinion, can the patient understand information relevant to a decision relating to his or her personal welfare?

☐ Yes ☐ No

In your opinion, can the patient retain information long enough to make a decision relating to his or her personal welfare?

☐ Yes ☐ No

In your opinion, can the patient weigh information as part of the process of

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making a decision relating to his or her personal welfare?

☐ Yes ☐ No

In your opinion, can the patient communicate his or her decision relating to his or her personal welfare?

☐ Yes ☐ No

Taking into consideration the above, in your opinion, does the patient have mental capacity in respect of personal welfare?

☐ Yes ☐ No

OPINION ON PATIENT'S MENTAL CAPACITY IN RELATION TO PROPERTY AND AFFAIRS

In your opinion, can the patient understand information relevant to a decision relating to his or her property and affairs?

☐ Yes ☐ No

In your opinion, can the patient retain information long enough to make a decision relating to his or her property and affairs?

☐ Yes ☐ No

In your opinion, can the patient weigh information as part of the process of making a decision relating to his or her property and affairs?

☐ Yes ☐ No

In your opinion, can the patient communicate his or her decision relating to his or her property and affairs?

☐ Yes ☐ No

Taking into consideration the above, in your opinion, does the patient have mental capacity in respect of property and affairs?

☐ Yes ☐ No

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Please state the basis of your opinion above in respect of the patient's mental capacity:

Mr Tan's dementia and stroke have impaired the functioning of his mind and brain. His failure to remember where he was (i.e. in the hospital) and the day and date, despite being told a short while ago, shows his inability to retain information. He was also not able to remember basic information such as his age, and the address where he lives.

His failure to tell the time from a watch or to recognize notes and coins shows his inability to understand simple information.

He could not do basic arithmetic, which shows that he is not able to weigh and use information.

Since he is unable to understand, retain, use or weigh simple information, due to his memory deficits and cognitive failures, he will not be able to make decisions about his personal and financial affairs, which would require being able to process such information. This is also demonstrated by his inability to remember basic information on the property he owns with his elderly mother, and also his inability to make a realistic and concrete plan for what to do with the property. He was also not able to remember what medical problems he has, and not able to answer a question as to whether he is currently on medication.

In my view, his cognitive functions are unlikely to improve and would most likely get worse over time, as there is no treatment which can reverse his dementia.