

## Welcome!

Thank you for taking on the important responsibility of serving as a guardian for an incapacitated person in Virginia. This guide is designed to help you create a guardian file and record essential information in a centralized location. Many successful guardians find that staying organized and keeping detailed records is key to managing the many responsibilities appointed to you. Even if you have been taking care of a family member for many years before becoming a guardian without a guide such as this, it is important to document what you are doing and the decisions you have made now as you have a legal responsibility to make decisions on behalf of the person. Creating a guardian file will enhance your ability to track the well-being of the adult, effectively coordinate with service providers, and file detailed annual guardian reports.

*Please note that this guide focuses on guardianship. If you serve as a conservator for the adult, this guide does not include information on how to manage the property or finances of the adult.*

The guide may be printed or saved electronically. You can add pages to it or skip sections that are not relevant for your situation. Please ensure this is kept in a confidential space as there will be sensitive information recorded. As you move along through the guide, you will see where certain sections directly relate to the questions on the “*Annual Report for Guardian of an Incapacitated Adult*.” Use this guide to help you complete the initial and annual reports which is required of all guardians in Virginia.

You may also wish to include copies of the following documents along with this guide:

- The Order of Appointment.
- The Certificate of Qualification.
- Copies of completed initial and annual guardian reports.
- The Notice of Restriction by Guardian form (*if applicable*).
- Any visitation report written by another person performing a visit.
- Other court documents or forms.
- Advanced planning documents such as an advance directive or power of attorney.
- Medical records, including but not limited to after visit summaries and hospital discharges.
- Mental health records, including but not limited to progress reports, and hospital discharges.
- Housing documents (e.g. lease agreements, admission paperwork).
- A copy of your Virginia Guardian Training Certificate of Completion.

## PART 1: DEMOGRAPHIC & CONTACT INFORMATION

(Annual Report form: Page 1)

Adult's full name:					
Date of birth:		Place of birth (if known):			
Address of residence:					
Ethnicity:		Race:		Gender:	

If the adult resides in a facility, complete the following:

☐ Not Applicable

Facility name:					
Administrator name:					
Administrator phone:		Email:			
Other facility contacts: (such as director of nursing and social worker)					

If the adult is employed, complete the following:

☐ Not Applicable

Employer name:					
Location:					
Employer phone:					
Contact person: (name, phone, email)					

If the adult attends school, complete the following:

☐ Not Applicable

School name:					
Address of School:					
School phone:					
Contact person: (name, phone, email)					

If the adult attends a day support program, complete the following: ☐ Not Applicable

School name:	
Address of School:	
School phone:	
Contact person: (name, phone, email)	

Record notes or changes to demographic information below. Include dates of any changes.

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## COURT CASE INFORMATION

(Annual Report form: Page 1)

Name of Circuit Court:			
Circuit Court phone:			
Circuit Court Case No.:			
Date of Appointment:		Date Qualified by Clerk:	

## Conservator

☐ I am the conservator    ☐ No conservator appointed    ☐ Conservator listed below


Full name:			
Phone:		Email:	
Address:			

**Contact for local department of social services (LDSS)**

*Initial and annual reports are sent to the LDSS where the adult resides at that time*

Name of LDSS:	
LDSS Mailing Address:	
LDSS phone:	
Contact person: (name, phone, email)	

Record notes or changes to guardianship case information below. Include dates of any changes.



## PART 2: MEDICAL INFORMATION

### Medical & Mental Health Doctors/Specialists

Type of Medical Provider	Name & Organization	Phone & Email	Address
<i>Example: Primary Care Physician</i>	<i>Dr. Feel Better My Health Inc.</i>	<i>123-456-7890 <a href="mailto:example@myhealth.com">example@myhealth.com</a></i>	<i>123 Sunshine Way Richmond, VA 23220</i>

Record notes or changes to medical doctors or specialists. Include dates of any changes.

**Medical/Mental Health Diagnoses**

Name of Condition	Date diagnosed	Diagnosed by

Record additional diagnoses, notes, and changes below. Include dates of any changes.

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The following documents are recommended in your guardian file:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Treatment plan(s)          | <input type="checkbox"/> Lab/test results   | <input type="checkbox"/> Advance Medical Directive |
| <input type="checkbox"/> Progress notes             | <input type="checkbox"/> Assessment results | <input type="checkbox"/>                           |
| <input type="checkbox"/> Hospital discharge summary | <input type="checkbox"/> Medical records    | <input type="checkbox"/>                           |

**Medications** ☐ Check here if medication lists are included in guardian file

Medication Name	Does/Frequency	Reason Prescribed	Date Prescribed & By Whom

Known allergies or drug interactions:

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Record additional medications, notes, and changes below. Include dates of any changes.



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## HEALTH LOG

*(Annual report form – page 2)*

Record any medical or mental health related visits. Include hospitalizations, treatments, routine visits, and any other health-related appointment.

Date	Where	Reason	Notes

*Health Log continued...*

Date	Where	Reason	Notes

## PART 3: PROFESSIONAL SERVICES

*(Annual Report form – page 2)*

### **Social & Recreational Activities**

What does the adult do for fun? List extracurricular activities, hobbies, interests, etc.

### **Other Professional Services**

List other professional services such as vocational or educational services. Include name of company, date services started, schedule of service, and contact information.

## PART 4: VISITATION

(Annual Report – page 3)

You must visit the person at least every 120 days (3 times per year). Two of the visits must be completed by you; one of them must be in-person while the other can be virtual if necessary. Another person may complete one visit, but that person must provide you with a report of their visit. You should include this in your guardian file. Here is space to record the visits.

Date/Time of Visit	Location of Visit	Visit Type (in-person, virtual)	Visit Notes

***Visit Log continued...***

Date/Time of Visit	Location of Visit	Visit Type (in-person, virtual)	Visit Notes

## PART 5: NOTES

Your guardian file should include detailed notes about actions taken on behalf of the person. This may include decisions that are discussed and made, notes about phone calls with service providers, reminders to follow up, etc. Pages 17 to 20 are available for you to record notes in your guardian file.

<i>Date</i>	<i>Note</i>

***Notes continued...***

<b><i>Date</i></b>	<b><i>Note</i></b>

***Notes continued...***

<b><i>Date</i></b>	<b><i>Note</i></b>



***Notes continued...***

<b><i>Date</i></b>	<b><i>Note</i></b>