ATTORNEY OR PARTY WITHOUT ATTORNEY STATE BAR NUMBER:	FOR COURT USE ONLY
NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR *(name)*:	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF *(name)*: CONSERVATEE	
CONFIDENTIAL CONSERVATORSHIP CARE PLAN—PART 2 (MEDICAL INFORMATION)	CASE NUMBER:

To the conservator of the person: Complete items 1–4; if you want to discuss additional medical information, complete item 5; and sign the form on page 2. Deliver this form as instructed on page 6 of form GC-355, then file this form, *Confidential Conservatorship Care Plan—Part 1* (form GC-355), and proof of delivery with the court. A care plan is not complete without this form and form GC-355.

To the clerk: File this form separately from *Confidential Conservatorship Care Plan—Part 1* (form GC-355) to ensure that the confidential medical information contained in this form is not improperly disclosed.

1. The conservatee has been diagnosed with the following physical or mental health conditions *(check all that apply)*:
   a. ☐ No known health conditions.
   b. ☐ Physical health conditions described
      ☐ below. ☐ on Attachment 1b.
   c. ☐ Mental health conditions described
      ☐ below. ☐ on Attachment 1c.

2. The conservatee is receiving or using the following medical treatment, medications, supports, or devices for one or more of the conditions described in item 1 *(complete all that apply)*:
   a. ☐ No medical treatment, medications, supports, or devices.
   b. ☐ All medical treatments and the conditions treated by each are described ☐ below. ☐ on Attachment 2b.
   c. ☐ All medications taken and the conditions treated by each are described ☐ below. ☐ on Attachment 2c.
   d. ☐ All services and supports received, including the reason for each, are described ☐ below. ☐ on Attachment 2d.
   e. ☐ All devices used and the purpose of each are described ☐ below. ☐ on Attachment 2e.

Form Adopted for Mandatory Use
Judicial Council of California
GC-356 [New January 1, 2025]

Probate Code, § 2351.2
www.courts.ca.gov

CONSERVATORSHIP OF *(name)*: CONSERVATEE	CASE NUMBER:

3. a. ☐ The medical treatment, medications, supports, and devices described in item 2 are sufficient to meet the conservatee's current and foreseeable medical needs.
   b. ☐ The additional medical treatment, medications, supports, or devices described ☐ below ☐ on Attachment 3b are necessary to meet the conservatee's current and foreseeable medical needs.

4. The following health care providers are currently providing treatment or care to the conservatee *(give name, professional license type [e.g., physician, cardiologist or other specialist, dentist, psychotherapist] and license number, and contact information for each; if you know, describe the treatment and care provided)*:
   a. Name:
      Professional license type: License number:
      Mailing address:

      Telephone number: Email address:
      Treatment or care provided *(if known)*:

   b. Name:
      Professional license type: License number:
      Mailing address:

      Telephone number: Email address:
      Treatment or care provided *(if known)*:

   c. Name:
      Professional license type: License number:
      Mailing address:

      Telephone number: Email address:
      Treatment or care provided *(if known)*:

   ☐ Additional providers listed on Attachment 4.

5. ☐ Additional confidential medical information is discussed ☐ below. ☐ on Attachment 5.

Date:

(TYPE OR PRINT NAME) ▶ (SIGNATURE)