

No. _____

In the Guardianship of _____, § In the County Court at Law
An Alleged Incapacitated Person § Number One of
§ Brazos County, Texas

PHYSICIAN'S CERTIFICATE OF MEDICAL EXAMINATION

To Physician:

The purpose of this form is to enable the Court to determine whether the individual identified above is incapacitated according to the legal definition and whether a guardian should be appointed to care for him or her.

General Information

Physician's Name _____ Phone (____) _____

Physician's Address _____

____ Yes ____ No I am a physician currently licensed to practice in the State of Texas.

Proposed Ward's Name _____ Age ____ Gender _____

Current Residence _____

I last examined the Proposed Ward on _____,
20____ at

____ A Medical Facility ____ The Proposed Ward's residence ____ Other _____

____ Yes ____ No The Proposed Ward is under my continuing treatment.

Yes No Before the examination, I informed the Proposed Ward that communication with me would not be privileged.

Definition Of Incapacity

The following definition applies:

An "Incapacitated Person" is "an adult individual who, because of the physical or mental condition, is substantially unable to provide food, clothing, or shelter for himself or herself, to care for the individual's own health, or to manage the individual's own financial affairs." Texas Probate Code §601(14).

Evaluation Of Capacity

Based on your last examination of the Proposed Ward, please answer the questions below and on the next page:

Yes No Given the definition above, is the Proposed Ward incapacitated?

Is the Proposed Ward able to personally initiate, handle, and make responsive decisions concerning himself or herself regarding:

Yes No 1. Business and managerial matters such as contracting and incurring obligations; handling a bank account; applying for, consenting to, and receiving governmental benefits and services; accepting employment and hiring employees; and suing and defending lawsuits.

Yes No 2. Operating a motor vehicle.

Yes No 3. Personal living decisions regarding residence.

Yes No 4. Voting and marriage.

Yes No 5. Consenting to medical, dental, psychological, and psychiatric treatment.

If you indicated that the Proposed Ward is incapacitated, please indicate the level of incapacity:

Total: The proposed ward is totally without capacity to care for himself or herself and to manage his or her property.

Partial: The Proposed Ward lacks the capacity to do some, but not all, of the tasks necessary to care for himself or herself or to manage his or her property.

If you answered "Yes" to any of the questions at the top of this page and believe that the Proposed Ward is TOTALLY incapacitated, please explain

If you answered "No" to all of the questions at the top of this page and believe that the Proposed Ward is PARTIALLY (but not totally) incapacitated, please explain

Evaluation of the Proposed Ward's Physical Condition

Physical Diagnosis:

1. Prognosis: _____

2. Severity: ___ Mild ___ Moderate ___ Severe

3. Treatment: _____

Evaluation of the Proposed Ward's Mental Function

Mental Diagnosis: _____

1. Prognosis: _____

2. Severity: ___ Mild ___ Moderate ___ Severe

3. Treatment: _____

Cognitive Deficits

1. Please check all of the areas below in which the Proposed Ward has a deficit(s).

___ Short-term memory ___ Long-term memory ___ Immediate recall

___ Understanding and communicating (verbally or otherwise)

___ Recognizing familiar objects and persons

___ Performing simple calculations

Breaking down complex tasks down into simple steps and carrying them out

Reasoning logically

Attending to activities of daily living (ADLs)

Administering own medication on a daily basis

2. Yes No Do the proposed ward's periods of impairment from the deficits indicated above (if any) vary substantially in frequency, severity, or duration?

3. Yes No Would the proposed ward benefit from supports and services that would allow the individual to live in the least restrictive setting possible?

Mental Disability

Yes No Does the Proposed Ward have a mental disability?

If "Yes," is the disability a result of:

Yes No Mental retardation?

Yes No Autism?

Yes No Dementia?

Yes No Other developmental disorder? _____

IMPORTANT: If mental retardation is a basis for the Proposed Ward's incapacity, what is your assessment of the Proposed Ward's level of intellectual functioning and adaptive behavior?

Mild (IQ of 50-55 to approximately 70)

Moderate (IQ of 35-40 to 50-55)

Severe (IQ of 20-25 to 35-40)

Profound (IQ below 20-25)

Is there evidence that the mental retardation originated during the Proposed Ward's developmental period? Yes No

Ability to Attend Court Hearing

___Yes ___No The Proposed Ward would be able to attend, understand, and participate in a court hearing on an application for the appointment of a guardian.

___Yes ___No Because of his or her incapacities, the Proposed Ward's appearance at a Court hearing is not advisable because the Proposed Ward will not be able to understand or participate in the hearing.

Additional Remarks or Concerns

Physician's Signature: _____ Date: _____