

Physician's Certificate of Medical Examination

Revision October 2016

In the Matter of the Guardianship of _____,
an Alleged Incapacitated Person

For Court Use Only
Court Assigned: _____

To the Physician

This form is to enable the Court to determine whether the individual identified above is incapacitated according to the legal definition (on page 3), and whether that person should have a guardian appointed.

1. General Information

Physician's Name _____ Phone: (____) _____
Office Address _____

YES NO I am a physician currently licensed to practice in the State of Texas.

Proposed Ward's Name _____
Date of Birth _____ Age _____ Gender M F
Proposed Ward's 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 communications with me would not be privileged.

YES NO A mini-mental status exam was given. If "YES," please attach a copy.

2. Evaluation of the Proposed Ward's Physical Condition

Physical Diagnosis: _____

a. Severity: Mild Moderate Severe

b. Prognosis: _____

c. Treatment/Medical History: _____

3. Evaluation of the Proposed Ward's Mental Functioning

Mental Diagnosis: _____

a. Severity: Mild Moderate Severe

b. Prognosis: _____

c. Treatment/Medical History: _____

If the mental diagnosis includes dementia, answer the following:

YES NO ---- It would be in the Proposed Ward's best interest to be placed in a secured facility for the elderly or a secured nursing facility that specializes in the care and treatment of people with dementia.

YES NO ---- It would be in the Proposed Ward's best interest to be administered medications appropriate for the care and treatment of dementia.

YES NO ---- The Proposed Ward currently has sufficient capacity to give informed consent to the administration of dementia medications.

d. Possibility for Improvement:

YES NO ---- Is **improvement in the Proposed Ward's physical condition and mental functioning possible?**

If "YES," after what period should the Proposed Ward be reevaluated to determine whether a guardianship continues to be necessary? _____

4. Cognitive Deficits

- a. The Proposed Ward is oriented to the following (check all that apply):
 Person Time Place Situation
- b. The Proposed Ward has a deficit in the following areas (check all areas in which Proposed Ward has a deficit):
--- Short-term memory
--- Long-term memory
--- Immediate recall
--- Understanding and communicating (verbally or otherwise)
--- Recognizing familiar objects and persons
--- Solve problems
--- Reasoning logically
--- Grasping abstract aspects of his or her situation
--- Interpreting idiomatic expressions or proverbs
--- Breaking down complex tasks down into simple steps and carrying them out
- c. YES NO-- The Proposed Ward's periods of impairment from the deficits indicated above (if any) vary substantially in frequency, severity, or duration.

5. Ability to Make Responsible Decisions

Is the Proposed Ward able to initiate and make responsible decisions concerning himself or herself regarding the following:

- YES NO ---- Make complex business, managerial, and financial decisions
 YES NO ---- Manage a personal bank account
 If "YES," should amount deposited in any such bank account be limited? YES NO
 YES NO ---- Safely operate a motor vehicle
 YES NO ---- Vote in a public election
 YES NO ---- Make decisions regarding marriage
 YES NO ---- Determine the Proposed Ward's own residence
 YES NO ---- Administer own medications on a daily basis
 YES NO ---- Attend to basic activities of daily living (ADLs) (e.g., bathing, grooming, dressing, walking, toileting) without supports and services
 YES NO ---- Attend to basic activities of daily living (ADLs) (e.g., bathing, grooming, dressing, walking, toileting) with supports and services
 YES NO ---- Attend to instrumental activities of daily living (e.g., shopping, cooking, traveling, cleaning)
 YES NO ---- Consent to medical and dental treatment at this point going forward
 YES NO ---- Consent to psychological and psychiatric treatment at this point going forward

6. Developmental Disability

- YES NO ---- Does the Proposed Ward have developmental disability?
 If "NO," skip to number 7 below.
 If "YES," answer the following question and look at the next page.

Is the disability a result of the following? (Check all that apply)

- YES NO ---- Intellectual Disability?
 YES NO ---- Autism?
 YES NO ---- Static Encephalopathy?
 YES NO ---- Cerebral Palsy?
 YES NO ---- Down Syndrome?
 YES NO ---- Other? Please explain _____

Answer the questions in the "Determination of Intellectual Disability" box below only if both of the following are true:

- (1) The basis of a proposed ward's alleged incapacity is intellectual disability.
and