

DOCTOR/PHYSICIAN'S CERTIFICATE OF MEDICAL EXAMINATION

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

Cause No.: _____

To Doctor/Physician or Psychologist:

The purpose of this form is to enable the Court to determine whether the individual named above is incapacitated according to the legal definition, and whether this person:

- A. is able or is not able to attend a Court hearing;
- B. should have a guardian appointed to care for him or her; or
- C. has dementia and, if so, (1) whether he or she needs to be placed in a secured facility for the elderly or a facility that provides dementia treatment and (2) whether he or she needs or would benefit from dementia medications.

Examiner's Information

Examiner's Name: _____

Examiner's Address: _____

Telephone Number: _____

Are you a: Physician Psychologist Psychiatrist Other _____

I am a physician currently licensed to practice in the State of Texas. I have been the doctor or psychologist for _____ ("Proposed Ward") since ____/____/____.

If you are a psychologist, are you licensed to perform this examination by the Texas Department of MHMR?
 Yes No

General Information Regarding Individual Being Evaluated (Proposed Ward)

First Name	Middle Initial	Last Name	Date of Birth
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Current Street Address/Apt. No.	City	State	Zip Code
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Name of Facility if Proposed Ward is not living at private residence: _____

Examination Information

I last examined the Proposed Ward on ____/____/____ at:
 a Medical Facility Proposed Ward's residence, or Other: _____

The Proposed Ward is under my continuing care/treatment..... Yes No

Prior to the examination, I informed the Proposed Ward that communications with him or her **would not be privileged**?..... Unable to Comprehend Yes No

Was a mini-mental status exam was given? If YES, please attach a copy. Yes No

Audio logical Functioning: _____

Visual Functioning: _____

Neurological Functioning: _____

1. Evaluation of Capacity

For purposes of this certificate, the following definition applies:

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

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

- A. 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
- B. Operating a motor vehicle;..... Yes No
- C. Personal living decisions regarding residence; Yes No
- D. Voting;..... Yes No
- E. Marriage;..... Yes No
- F. Consenting to medical, dental, psychological, and psychiatric treatment..... Yes No

Based upon my last examination and observations of Proposed Ward, my opinion is as follows:

Is Proposed Ward **incapacitated** according to the foregoing definition? Yes No

If YES, is the incapacitation of Proposed Ward “total” or “partial”?

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 INCAPACITY IS “TOTAL,” PLEASE SKIP QUESTION 2 AND PROCEED TO QUESTION 3 BELOW.

2. Partial Incapacity. If incapacity is PARTIAL, please respond to the following:

By marking NO below it is my opinion that Proposed Ward **is not capable** of personally initiating, handling, or making decisions concerning the following matters. By marking YES below it is my opinion that Proposed Ward **is capable** of personally initiating, handling, or making decisions concerning the following matters:

CAPABLE

- A. make an informed decision to consent to medical, dental, psychological and/or psychiatric disclosure of records..... Yes No
- B. make an informed decision related to military service..... Yes No
- C. make any gifts of real property Yes No
- D. make gifts of personal property valued at greater than nominal value..... Yes No
- E. enter into insurance contracts of every nature..... Yes No
- F. execute a will or power of attorney..... Yes No
- G. manage money Yes No
- H. If YES, what amount should the Court limit such funds to? \$_____
- other: Proposed Ward **is capable** to _____

3. **Physical Diagnosis** (DSM or ICD Diagnoses): _____

Prognosis: _____

Severity/Degree: Mild Moderate Severe

Treatment: _____

4. **Mental Diagnosis** (DSM or ICD Diagnoses): _____

Prognosis: _____

Severity/Degree: Mild Moderate Severe

Treatment: _____

Is the Proposed Ward able to make or communicate any responsible decisions concerning himself or herself?
 Yes No

If YES, what type of responsible decisions concerning himself or herself is Proposed Ward able to make or communicate?

5. **Alertness, Attention and Deficits.** Please indicate levels observed.

A. Alertness Alert Lethargic Stupor Not alert

B. Disoriented as to: Person Time Place Situation Not Disoriented

C. Deficits (indicate all that apply)

- short-term memory long-term memory immediate recall
- ability to understand and communicate (verbally or otherwise)
- ability to recognize familiar objects and persons
- ability to perform simple calculations
- ability to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs
- ability to break complex tasks down into simple steps and carry them out
- ability to reason logically
- ability to attend to activities of daily living (ADLs)
- ability to administer own medications on a daily basis

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

If YES, please explain: _____

6. **Senility/Dementia (cognitive loss)**

The Texas Probate Code § 687 provides, in pertinent part: The Court may not grant an application to create a guardianship for an incapacitated person unless the Applicant presents to the Court a written letter or certificate from a physician. The letter or certificate must describe the precise physical and mental conditions underlying a diagnosis of senility, if applicable.

A. Is senility (cognitive loss) a diagnosis of the Proposed Ward?..... Yes No

If YES, please describe the precise physical and mental conditions underlying the diagnosis of senility (cognitive loss): _____

B. Based upon my examination, it is my opinion that:

Proposed Ward would benefit from placement 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

Proposed Ward would benefit from medications appropriate to the care and treatment of dementia[] Yes [] No

Proposed Ward has sufficient capacity to give informed consent to the administration of dementia medications[] Yes [] No

7. **Developmental Disability**

A. Does the Proposed Ward have a mental disability?[] Yes [] No

If YES, is the disability a result of:

Mental Retardation[] Yes [] No

Autism[] Yes [] No

Dementia.....[] Yes [] No

Other developmental disorder _____[] Yes [] No

If **mental retardation** is the sole basis of the incapacity, what is **your assessment** of Proposed Ward’s level of intellectual function and adaptive behavior? (SELECT ONLY ONE)

[] 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)

B. Is there evidence that the mental retardation originated during the Proposed Ward’s developmental period?[] Yes [] No

8. **Significant Medical History** of Proposed Ward as related to incapacity (etiology of mental incapacity, etc...):

Recent Hospitalizations: (date and reason) _____

Seizure Activity: _____

Psychiatric Treatment: _____

Medications Taken: _____

How and in what manner does the patient's physical or mental health affect the patient's ability to make or communicate *responsible* decisions? (i.e. problems with judgment, planning, problem-solving, ...)

9. Ability to Attend Court Hearing

If a hearing on an application for the appointment of a guardian is scheduled in Court:

Proposed Ward would be able to attend, understand, and participate in the hearing. Yes No

Because of his or her incapacity, Proposed Ward's appearance at a Court hearing **is not** advisable because Proposed Ward **will not** be able to understand or participate in the hearing. Yes No

Effects of Medication

Does any current medication affect the demeanor of Proposed Ward?..... Yes No

If YES, would this medication affect the ability of Proposed Ward to participate fully in a Court proceeding? Yes No

If the medication **would** affect the ability of Proposed Ward to participate fully in a Court proceeding, please explain: _____

10. Remarks and Recommendations

A. If you have any remarks concerning other sections, or if you believe the Court should be aware of other concerns about Proposed Ward which are not included above, please explain: _____

B. If you have any recommendations for needed treatment or services which are not included above, please explain: _____

Examiner's Signature

Examiner's Printed Name

Examiner's Title

Examiner's Licensure/Certification Number

Date