

No. PR- _____ - _____

IN THE GUARDIANSHIP OF _____, § IN THE PROBATE COURT § § AN ALLEGED INCAPACITATED § OF § PERSON § DENTON 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; applying for, consenting to, and receiving governmental benefits and services; accepting employment and hiring employees; and suing and defending lawsuits, to collect and file suit on debts, rentals, wages and other claims, and to pay, compromise and defend claims.
- Yes No a. Handling a bank account
If yes: amount not to exceed \$_____ or no limit
- Yes No 2. Operating a motor vehicle.
- Yes No 3. Personal living decisions regarding residence.
- Yes No 4. To make an informed decision concerning matters decided by public vote.
- Yes No 5. Marriage.
- Yes No 6. Consenting to/applying for medical, dental, psychological, and psychiatric treatment, tests, and evaluations.
- Yes No 7. To enroll in public or private residential care facilities.
- Yes No 8. To consent to disclosure of psychological and medical records.
- Yes No 9. To make decisions related to military service.
- Yes No 10. To enter into insurance contracts of every nature.
- Yes No 11. To execute a power of attorney.
- Yes No 12. To make gifts of real or personal property.
- Yes No 13. Other:_____

If you indicated on the previous page 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: _____

Evaluation of the Proposed Ward's Mental Function, continued

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? **If "Yes," the questions in box below must be answered.**

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: _____
License Number: _____

Date: _____