

PHYSICIAN'S CERTIFICATE OF MEDICAL EXAMINATION

Date _____ Physician's Name _____

Physician's Address _____

Phone Number _____

RE: IN THE MATTER OF THE GUARDIANSHIP OF _____
(An Alleged Incapacitated Person)

- 1. I am a physician currently licensed in the State of Texas. I have been the doctor for _____
_____ ("Proposed Ward") since _____, 20____.
- 2. I examined this Proposed Ward on _____, 20____, at the following location:
 Medical Facility Proposed Ward's Residence Other Location: _____
- 3. Prior to this examination, the Proposed Ward was was not informed that the communications with me
would not be privileged.
- 4. Current Residence of the Proposed Ward (if known) _____
- 5. Age of Proposed Ward _____ Sex _____ Race _____

For purposes of this examination, 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"

Based on that examination and my observations, my opinion is as follows:

I.

PHYSICAL Diagnosis _____

Prognosis _____

Severity: Mild Moderate Severe

Treatment _____

MENTAL Diagnosis _____

Prognosis _____

Severity: Mild Moderate Severe

Treatment _____

II.

Is senility a diagnosis of the Proposed Ward's incapacity? YES NO

Type of senility diagnosed: Alzheimer's Disease Organic Brain Syndrome

Multi Infarct Dementia Other (please describe) _____

If YES, please briefly describe the precise physical and mental conditions underlying the diagnosis of senility:

Does any current medication affect the demeanor of the Proposed Ward? YES NO

Would this medication affect the Proposed Ward's ability to participate fully in a court's proceedings? YES NO

Please briefly describe these medications _____

Is mental retardation the basis for the Proposed Ward's incapacity? YES NO

Level of Adaptive Behavior: Mild Moderate Severe Profound

III.

Medical History of Proposed Ward as Related to Incapacity: _____

IV.

Is the Proposed Ward incapacitated according to the given definition? YES NO

If the Proposed Ward is incapacitated, is it PARTIAL incapacitation or TOTAL incapacitation?

If the Proposed Ward is incapacitated, then answer the following questions as to the Proposed Ward's ability to exercise these abilities:

1. Ability to make informed judgment as to marriage YES NO
2. Ability to make informed judgment as to voting YES NO
3. Ability to apply for and receive governmental benefits YES NO
4. Ability to operate a motor vehicle YES NO
5. Ability to make decisions regarding travel YES NO
6. Ability to seek or retain employment YES NO
7. Ability to contract and incur obligations YES NO
8. Ability to sue or defend lawsuits YES NO
9. Ability to manage property or to make any gift or disposition of property YES NO

- 10. Ability to determine residence YES NO
- 11. Ability to consent to medical, dental, psychological, and psychiatric treatment and to the disclosure of those records YES NO
- 12. Ability to handle a bank account YES NO
- 13. Ability to make decisions regarding financial obligations YES NO
- 14. Ability to enter into insurance contracts of every nature YES NO

If you have answered any of the questions in this sections YES and believe the Proposed Ward is TOTALLY incapacitated, please explain.

If you have answered all of the questions in this section NO and believe the Proposed Ward is PARTIALLY incapacitated, please explain.

V.

If you have any remarks concerning other sections, please explain.

Physician's Signature