

CAUSE NO. \_\_\_\_\_

THE STATE OF TEXAS  
FOR THE BEST INTEREST  
AND PROTECTION OF

§  
§  
§  
§

THE PROBATE COURT  
OF  
DENTON COUNTY,  
TEXAS

\_\_\_\_\_  
(use initials only)

**CERTIFICATE OF MEDICAL EXAMINATION**  
**FOR MENTAL ILLNESS**

I, the undersigned, a person licensed to practice medicine in the State of Texas, or a person employed by an agency of the United States, having a license to practice medicine in any State of the United States, being duly sworn, state upon oath, to-wit:

1. My name and address is: \_\_\_\_\_

**In accordance with Texas Rules of Civil Evidence, Rule 510**

*(Please initial)*

\_\_\_\_\_ I **did**, prior to my examination of \_\_\_\_\_, hereafter referred to as Proposed Patient, tell him / her that anything said to me or observations made by me of the Proposed Patient during the initial, or any later examination would be used in a Court of Law and *are not* privileged.

2. On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I examined and evaluated the Proposed Patient, at the following location: \_\_\_\_\_

\_\_\_\_\_

3. The Proposed Patient's address is: \_\_\_\_\_

\_\_\_\_\_

4. The Proposed Patient has been under my care for the following period of time:

\_\_\_\_\_

5. A brief diagnosis of the Proposed Patient's physical and mental condition on said date is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. An accurate description of the mental health treatment, if any, given by or administered under the direction of the examining physician is as follows:

\_\_\_\_\_

\_\_\_\_\_

7. I am of the opinion that the Proposed Patient is mentally ill, and that as a result of that illness meets at least one of the following additional criteria:

- (a) Likely to cause serious harm to self                   OR
- (b) Likely to cause serious harm to others               OR
- (c) is suffering severe and abnormal mental, emotional or physical distress;
- (d) is experiencing substantial mental or physical deterioration of his ability to function independently, which is exhibited by the Proposed Patient's inability, except for reasons of indigence, to provide for his / her basic needs, including food, clothing, health, or safety; *and*,
- (e) is unable to make a rational and informed decision as to whether or not to submit to treatment.
- (f) The Proposed Patient has an inability to participate in outpatient treatment services effectively and voluntarily

The detailed basis of this opinion is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**In accordance with the Texas Health and Safety Code and §574.022**

**Please Check All That Apply:**

- 8. That I am further of the opinion that the Proposed Patient presents a substantial risk of serious harm to self or others if not immediately restrained, which is demonstrated by:
  - (a) the Proposed Patient's behavior
  - (b) evidence of severe emotional distress *and* deterioration in mental condition to the extent that the Proposed Patient cannot remain at liberty.

The factual basis for my opinions as stated herein is set forth in detail in the attached Affidavit which is incorporated herein by reference as if set out verbatim herein.

**SIGNED** this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
**Physician's Signature**

SUBSCRIBED AND SWORN TO BEFORE ME,  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Notary Public, State of Texas**

**STATE OF TEXAS  
COUNTY OF DENTON**

**PHYSICIAN AFFIDAVIT**

**BEFORE ME**, the undersigned authority, on this day personally appeared,  
\_\_\_\_\_, who being by me duly sworn did depose and say as follows:

"My name is \_\_\_\_\_. I am a licensed physician, licensed to practice in the State of Texas. I am the examining physician, who has signed the Certificate of Medical Examination to which this Affidavit is attached. My opinions expressed in said Certificate are based upon the following factual basis:"

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My Recommendations are as follows:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The above stated facts are based upon my personal observation, the observation of others, and information supplied by various other individuals. It is standard medical practice this day and age in Denton County, Texas, to rely on such observation and information in reaching the opinions as stated in the attached Certificate. I have read this Affidavit and each and every statement contained herein is, within my personal knowledge, true and correct except those which are made, and so designated above as being made, upon information and belief, such statements are believed to be true and correct.

**SIGNED** this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_  
**Affiant**

SUBSCRIBED AND SWORN TO BEFORE ME,  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Notary Public, State of Texas**