

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:

Yes  No Given the definition of an incapacitated person on the previous page, is the Proposed Ward incapacitated?

Is the Proposed Ward able to personally, without assistance initiate, handle, and make responsive decisions concerning himself / 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 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 questions 1-13 at the top of this page and believe that the Proposed Ward is **TOTALLY** incapacitated, please explain:

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If you answered “No” to any or all of questions 1-13 at the top of this page and believe that the Proposed Ward is **PARTIALLY** (but not totally) incapacitated, please explain:

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**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**

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

**Date:** \_\_\_\_\_

**License Number:** \_\_\_\_\_