

Cause No. _____

PHYSICIAN'S CERTIFICATE OF MEDICAL EXAMINATION

(PLEASE TYPE OR PRINT CLEARLY)

Date: _____

Physician's Name: _____

Physician's Address: _____

Telephone 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 _____. I examined the proposed ward on _____, 20 _____ at the

following location:

_____ Medical Facility _____ (name)

_____ Proposed Ward's residence _____ (address)

_____ Other Location _____ (name)

2. Prior to this examination, the proposed ward
() was () was not
informed that the communications with me would not be privileged.

3. Current residence of the proposed ward: (if known)

4. Age of the 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/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

Multi Infarct Dementia

Organic Brain Syndrome

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 the 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, then answer whether the incapacitation is **PARTIAL OR TOTAL:***

_____ *PARTIAL* _____ *TOTAL*

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

_____ YES _____ NO

*If you have answered any of the questions in this section **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 that proposed ward is partially incapacitated, please explain:*

V.

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

Physician's signature

(please print name)