NO. _____

IN THE GUARDIANSHIP OF	§	IN PROBATE COURT
_____	§	NO. _____
AN ALLEGED INCAPACITATED PERSON	§	BEXAR 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 (on page 4) and whether that person should have a guardian appointed.

1. General Information

Physician's Name: _____ Email: _____
(Print name) Phone

Office Address: _____
(Print Address)

❒ Yes ❒ No I am a physician currently licensed to practice in the State of Texas.

Proposed Ward's Name:
Date of Birth: _____ Age: Gender:
Current Residence:

I last examined the Proposed Ward on _____, 201___ 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.
❒ Yes ❒ No A mini-mental status exam was given. If "Yes", please attach a copy.

2. Evaluation of the Proposed Ward's Physical Condition Please provide an evaluation of the proposed ward's physical condition and summarize the proposed ward's medical history if reasonably available.

Physical Diagnosis: _____
1. Severity: ❒ Mild ❒ Moderate ❒ Severe
2. Prognosis: _____
3. Treatment / Medical History: _____
_____
_____

3. Evaluation of the Proposed Ward's Mental Function Please provide an evaluation of the proposed ward's mental function and summarize the proposed ward's medical history if reasonably available.

Mental Diagnosis: _____

1. Severity: ❒ Mild ❒ Moderate ❒ Severe
2. Prognosis: _____
3. Treatment / Medical History: _____

_____

_____

If the mental diagnosis included dementia, please answer the following:

❒ Yes ❒ No It would be in the Proposed Ward's best interest to be placed in a secured facility for the elderly or a secured facility that specializes in the care and treatment of people with dementia.

❒ Yes ❒ No It would be in the Proposed Ward's best interest to be administered medications appropriate for the care and treatment of dementia.

❒ Yes ❒ No The Proposed Ward currently has sufficient capacity to give informed consent to the administration of dementia medications.

4. Possibility for improvement:

❒ Yes ❒ No Is improvement in the Proposed Ward's physical condition and mental functioning possible? It "Yes", after what period should the Proposed Ward be re-evaluated whether a guardianship continues to be necessary?_____

4. Cognitive Deficits

1. The Proposed Ward is oriented to the following (check all that apply):

❒ Person ❒ Time ❒ Place ❒ Situation

2. The Proposed Ward has a deficit in the following areas (check all that apply):

❒ Short-term memory
❒ Long-term memory
❒ Immediate recall
❒ Understanding and communicating (verbally or otherwise)
❒ Recognizing familiar objects and persons
❒ Solving problems
❒ Reasoning logically
❒ Grasping abstract aspects of his or her situation
❒ Interpreting idiomatic expressions or proverbs
❒ Breaking down complex tasks down into simple steps and carrying them out

❒ Yes ❒ No The Proposed Ward's periods of impairment from the deficits indicated above (if any) vary substantially in frequency, severity, or duration.

If "Yes", please explain: _____

_____

5. Ability to Make Responsible Decisions

Is the Proposed Ward able to personally initiate, handle, and make responsive decisions concerning himself or herself regarding the following:

❒ Yes ❒ No Manage complex business, managerial and financial matters

❒ Yes ❒ No Manage a personal bank account

If "Yes", should the amount deposited in such bank account accessible by proposed ward be limited? _____

❒ Yes ❒ No The ability to safely operate a motor vehicle.

❒ Yes ❒ No Vote in a public election

❒ Yes ❒ No Make decisions regarding marriage.

❒ Yes ❒ No Make decisions regarding own residence.

❒ Yes ❒ No Administer own medications on daily basis

❒ Yes ❒ No Attending to Activities of Daily Living (ADLs) (e. g. bathing, grooming, dressing, walking, toileting) without supports and services

❒ Yes ❒ No Attending to Activities of Daily Living (ADLs) (e. g. bathing, grooming, dressing, walking, toileting) with supports and services

❒ Yes ❒ No Administering to instrumental Activities of Daily Living (e. g. shopping, cooking, traveling, cleaning)

❒ Yes ❒ No Consent to medical and dental treatment at this point going forward.

❒ Yes ❒ No Consent to psychological and psychiatric treatment at this point going forward.

6. Developmental Disability

❒ Yes ❒No Does the Proposed Ward have a mental disability?

If "No", please skip to section 7 below

If "Yes," is the disability a result of the following (check all that apply):

❒ Yes ❒ No Intellectual Disability

❒ Yes ❒ No Autism

❒ Yes ❒ No Static Encephalopthy

❒ Yes ❒ No Cerebral Palsy

❒ Yes ❒ No Down Syndrome

❒ Yes ❒ No Other, please explain _____

Please answer the questions in the box below only if both of the following are true:

1. The basis of a proposed ward's alleged incapacity is intellectual disability

And

2. You are making a "Determination of Intellectual Disability" in accordance with rules of the executive commissioner of the Health and Human Services Commission governing examination of that kind.

If you are not making such a determination, please skip to section 7 below

Determination of Intellectual Disability

Amoung other requirements, a Determination of Intellectual Disability must be based on an interview with the Proposed Ward and on a professional assessment that includes the following:

1. A measure of the Proposed Ward's intellectual functioning;
2. A determination of the Proposed Ward's adaptive behavior level; and
3. Evidence of origination during the Proposed Ward's developmental period.

As a physician, you may use a previous assessment, social history, or relevant record from a school district, another physician, a psychologist, a public agency, or a private agency if you determine that the previous assessment, social history, or record is valid.

Check the appropriate statement below. If neither statement is true, please skip to section 7 below

❒ **I examined the proposed ward in accordance with rules of the executive commissioner of the Health and Human Services Commission governing Intellectual Disability examinations**, and my written findings and recommendations include a determination of intellectual disability.

❒ **I am updating or endorsing in writing a prior determination of intellectual disability** for the proposed ward made in accordance with rules of the executive commissioner of the Health and Human Services Commission by a physician or psychologist licensed in this state or certified by the Department of Aging and Disability Services to perform the examination.

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)

❒ Yes ❒ No Is there evidence that the mental retardation originated during the Proposed Ward's developmental period?

7. Definition Of Incapacity

For purposes of this certificate of medical examination, 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 Estates Code Section 1002.017.

8. Evaluation Of Capacity

❒ Yes ❒ No Based on my last examination and observation of the Proposed Ward, it is my opinion that the Proposed Ward is incapacitated according to the legal definition in section 1002.017 of the Texas Estates Code, set out in the box above

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 "Partial", what specific powers or duties of the guardian should be limited if the Proposed Ward receives supports and services: _____

_____

_____

_____

If you answered "No" to all of the questions regarding decision-making in section 5 above, and yet still believe that the Proposed Ward is **PARTIALLY** incapacitated, please explain: _____

_____

_____

_____

If you answered "Yes" to any of the questions regarding decision-making in section 5 above, and yet still believe that the Proposed Ward is **TOTALLY** incapacitated, please explain: _____

_____

_____

_____

9. Ability to Attend Court Hearing A proposed ward must be present at the hearing to appoint a guardian, unless the court on the record or in the order, determines that a personal appearance is not necessary.

❒ Yes ❒ No The Proposed Ward would be able to attend, understand, and participate in a court hearing

❒ 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.

❒ Yes ❒ No Does any current medication taken by the Proposed Ward affect the demeanor of the Proposed Ward's ability to participate fully in a court proceeding?

10. Least Restrictive Setting

What is the least restrictive placement that you consider is appropriate for the Proposed Ward:

❒ Nursing home level of care

❒ Memory care unit

❒ Other: _____

11. Additional Information of Benefit to the Court

If you have additional information concerning the Proposed Ward that you believe the Court should be aware of or other concerns about the Proposed Ward that are not included above, please explain (add additional pages as needed): _____

_____

_____

_____

_____

Physician's Signature: _____ Date: _____

Physician's Name Printed:_____ License # _____

STATE OF TEXAS §
COUNTY OF BEXAR §

BEFORE ME, the undersigned notary authority, on this day personally appeared _____ (*Print Physician's name*), and being first duly sworn declared that he/she signed this Physician's Certificate of Medical Examination in the capacity designated and further states that he/she has read the above Physician's Certificate of Medical Examination and the statements therein contained are true.

SWORN AND SUBSCRIBED TO BEFORE ME on this ____ day of _____, 201__.

(Seal)

_____
NOTARY PUBLIC, STATE OF TEXAS