

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

IN THE GUARDIANSHIP OF § IN PROBATE COURT  
\_\_\_\_\_ § NUMBER \_\_\_\_\_  
AN 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 and whether a guardian should be appointed to care for him or her.*

#### General Information

Physician's Name: \_\_\_\_\_ Phone \_\_\_\_\_  
(Print name)

Physician's Address: \_\_\_\_\_  
(Print 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 \_\_\_\_\_, 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 I prepared this certificate of medical examination pursuant to a court order dated \_\_\_\_\_.

#### 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 and on the next page:

Yes  No Given the definition above, is the Proposed Ward incapacitated?

If you indicated on the previous page 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.

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

Yes  No 1. Business and managerial matters such as contracting and incurring obligations; handling a bank account; applying for, consenting to, and receiving governmental benefits and services; accepting employment and hiring employees; and suing and defending lawsuits.

Yes  No 2. The ability to safely operate a motor vehicle.

Yes  No 3. Personal living decisions regarding residence.

Yes  No 4. The mental capacity to vote in a public election.

Yes  No 5. Consent to marriage.

Yes  No 6. Consent to medical treatment.

Yes  No 6. Consent to dental treatment.

Yes  No 6. Consent to psychological treatment.

Yes  No 6. Consent to psychiatric treatment.

If you answered "Yes" to any of the questions on this page and believe that the Proposed Ward is **TOTALLY** incapacitated, please explain:

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If you answered "No" to all of the questions on the previous 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** 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. Prognosis: \_\_\_\_\_

2. Severity:  Mild  Moderate  Severe

3. Treatment / Medical History: \_\_\_\_\_

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**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. Prognosis: \_\_\_\_\_

2. Severity:  Mild  Moderate  Severe

3. Treatment / Medical History: \_\_\_\_\_

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### Deficits of Capacity

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
- 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)
  - bathing
  - dressing
  - eating
  - transferring
  - toileting
  - walking
- Administering to instrumental Activities of Daily Living
  - shopping
  - cooking
  - traveling
  - cleaning
  - yard work
- Administering own medication as prescribed

- Yes  No Does the proposed ward's periods of impairment from the deficits indicated above (if any) vary substantially in frequency, severity, or duration?
- 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** 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 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.
- Yes  No 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 proceeding?

**Additional Remarks or Concerns**

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Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF TEXAS