

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

THE STATE OF TEXAS

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§  
§  
§  
§

IN THE COUNTY CRIMINAL COURT

v.

AT LAW NO. \_\_\_\_

HARRIS COUNTY, TEXAS

SPN: \_\_\_\_\_

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**PSYCHIATRIC OR MEDICAL STATUS REPORT**

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This Report is made not later than twenty-one (21) days of the issuance of the Court's Order in the above case. Pursuant to the Court's Order, I have conducted the following examination on the defendant: (check all that apply)

- ☐ Psychiatric examination
- ☐ Medical examination
- ☐ The defendant is no longer in custody and I did not conduct an examination
- ☐ The defendant is in custody, but I did not conduct an examination
- ☐ Other \_\_\_\_\_

(Check all that apply)

<input type="checkbox"/> <b>PSYCHIATRIC STATUS</b>	<input type="checkbox"/> <b>MEDICAL STATUS</b>
<p>After examining the defendant, I have determined that, as of today, the defendant:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> appears to be demonstrating aggressive and unpredictable behavior.</li><li><input type="checkbox"/> is receiving medication.<ul style="list-style-type: none"><li><input type="checkbox"/> needs additional time, ____ (days), for stabilization.</li></ul></li><li><input type="checkbox"/> does not need medications.</li><li><input type="checkbox"/> has refused to be placed on medication.</li><li><input type="checkbox"/> needs a formal mental health evaluation.</li></ul>	<p>After examining the defendant, I have determined that, as of today, the defendant appears to be</p> <ul style="list-style-type: none"><li><input type="checkbox"/> physically <b>unable</b> to attend court.</li><li><input type="checkbox"/> physically <b>able</b> to attend court.</li></ul>

☐ Other \_\_\_\_\_

Signed on the day \_\_\_\_\_ of \_\_\_\_\_ 2010.

\_\_\_\_\_  
Attending Physician (Please Print)

\_\_\_\_\_  
Attending Physician (Signature)