

CERTIFICATE OF MEDICAL/MENTAL EXAMINATION

In the Matter of the Guardianship of _____

For Court Use Only

_____,
an Alleged Incapacitated Person

Court Assigned Cause No.: _____

The purpose of this certificate 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. Either a physician or psychologist licensed in the State of Texas may complete this certificate for the determination of mental retardation; however, **all** other conditions require examination by a physician.

DEFINITION OF INCAPACITY

For purposes of this certificate, 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 or herself, to care for the individual's own physical health, or to manage the individual's own financial affairs." Texas Probate Code §601(14).

GENERAL INFORMATION

Proposed Ward's Name _____

Date of Birth _____ Age _____ Gender M F

Current Location of Ward: _____

Name of Physician or Psychologist _____ Phone: (_____) _____

Office Address _____

YES NO-- I am a physician/ psychologist currently licensed to practice in the State of Texas.
I have been the doctor/ psychologist for the Proposed Ward since _____.
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 YES, BUT UNRESPONSIVE-- Prior to the examination, I informed the Proposed Ward that communications with me would not be privileged.

YES NO-- A mini-mental status exam was given. If "YES," please attach a copy.
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Based upon my last examination of the Proposed Ward, I provide the following information:

Section 1. EVALUATION OF THE PROPOSED WARD'S PHYSICAL CONDITION (Physician Only)

Physical Diagnosis: _____

Conditions underlying diagnosis: _____

a. Prognosis: _____

b. Severity: Mild Moderate Severe

c. Treatment: _____

Section 2. EVALUATION OF THE PROPOSED WARD'S MENTAL FUNCTION

Mental Diagnosis (include DSM codes): _____

Conditions underlying diagnosis: _____

a. Prognosis: _____

b. Severity: Mild Moderate Severe

c. Treatment: _____

YES NO-- A summary of Proposed Ward's medical history is attached (if reasonably available).

YES NO-- Would the Proposed Ward benefit from supports and services that would allow the individual to live in the least restrictive setting? If yes, describe: _____

YES NO-- Does this mental diagnosis include dementia?

CERTIFICATE OF MEDICAL/MENTAL EXAMINATION

Section 2. EVALUATION OF THE PROPOSED WARD'S MENTAL FUNCTION, continued

- YES NO-- Would the Proposed Ward benefit from placement in a secured facility for the elderly or a secured nursing facility that specializes in the care and treatment of people with dementia?
- YES NO-- Would the Proposed Ward benefit from medications appropriate to the care and treatment of dementia?
- YES NO-- Does the Proposed Ward have sufficient capacity to give informed consent to the administration of dementia medications?

Section 3. DECISION MAKING

Alertness, Attention, and Deficits

Alertness: Alert Lethargic Stupor

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

Person Time Place Situation Unresponsive

In my opinion, the ability of the Proposed Ward to make or communicate responsible decisions concerning himself or herself is affected by the Proposed Ward's deficits and abilities as indicated:

Deficit(s) (check all that apply): Short-term memory Long-term memory Immediate recall

- YES NO-- Able to understand or communicate (verbally or otherwise)
- YES NO-- Able to recognize familiar objects and persons
- YES NO-- Able to perform simple calculations
- YES NO-- Able to reason logically
- YES NO-- Able to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs
- YES NO-- Able to break complex tasks down into simple steps and carry 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

In my opinion, the Proposed Ward is able to make or communicate responsible decisions concerning himself or herself regarding the following:

A. Business and Managerial Matters; Financial Matters

- YES NO-- Contract and incur obligations; handle a bank account; apply for, consent to and receive governmental benefits and services; accept employment; hire employees; sue and defend on lawsuits; make gifts of real or personal property?
- YES NO-- If "YES," should amount deposited in any such bank account be limited?
- YES NO-- Execute a Durable Power of Attorney?
- YES NO-- Execute a Health Care Power of Attorney?

B. Personal Living Decisions

- YES NO-- Determine own residence?
- YES NO-- Safely operate a motor vehicle?
- YES NO-- Vote in a public election?
- YES NO-- Make decisions regarding marriage?

C. Medical Decision-Making

- YES NO-- Consent to medical, dental, psychological, and psychiatric treatment?
- YES NO-- Administer own medications on a daily basis?

D. Daily Life Activities

Administer to daily life activities (e.g., bathing, grooming, dressing, walking toileting):

- YES, independently YES, with assistance NO, requires total care

CERTIFICATE OF MEDICAL/MENTAL EXAMINATION

Section 4. DEVELOPMENTAL DISABILITY

YES NO-- Does the Proposed Ward have a developmental disability?

If "YES," is the disability a result of the following? (Check all that apply)

YES NO-- Intellectual and developmental disability (IDD) (formerly known as Mental retardation or MR)?

YES NO-- Autism?

YES NO-- Static Encephalopathy?

YES NO-- Cerebral Palsy?

YES NO-- Down's Syndrome?

YES NO-- Other? Please Explain _____

DETERMINATION OF MENTAL RETARDATION / INTELLECTUAL DISABILITY

The court may not grant an application to create a guardianship if the basis for the Proposed Ward's incapacity is an intellectual disability unless a "Determination of Mental Retardation" is made. A "Determination of Mental Retardation" (Texas Health and Safety Code § 593.005) requires that the determination be based on an interview with the Proposed Ward and on a professional assessment.

The assessment, at a minimum, must include:

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

1. What is your assessment of the Proposed Ward's level of intellectual functioning and adaptive behavior?

- Mild (IQ of 50-55 to approx. 70) Moderate (IQ of 35-40 to 50-55)
 Severe (IQ of 20-25 to 35-40) Profound (IQ below 20-25)

2. YES NO-- Is there evidence that the mental retardation originated during the Proposed Ward's developmental period?

3. YES NO-- This determination of mental retardation was prepared in accordance with Texas Health and Safety Code § 593.005 (see minimum requirements above).

4. YES NO-- If you are a psychologist, are you certified by the Department of Aging and Disability services to perform examinations for the determination of mental retardation?

5. If available or if you are a psychologist, list the instrument names, scores, and scale scores used for this assessment. (attach additional pages to this certificate if necessary)

6. If known or if you are a psychologist, describe the test results, including relative strengths and weaknesses, testing conditions, and any evidence reviewed for this assessment. (attach additional pages if necessary)

CERTIFICATE OF MEDICAL/MENTAL EXAMINATION

Section 5. EVALUATION OF CAPACITY

YES NO-- Based on the information above, it is my opinion that the Proposed Ward is incapacitated according to the definition given at the top of page 1.

If "YES," please indicate the level of incapacity:

PARTIAL TOTAL

If you answered "YES" to any of the questions regarding decision-making in *Section 3* (page 2) and believe the Proposed Ward is **totally** incapacitated, please explain: _____

If you answered "NO" to all of the questions regarding decision-making in *Section 3* (page 2) and believe the Proposed Ward is **partially** incapacitated, please explain: _____

Section 6. ABILITY TO ATTEND COURT HEARING

If a hearing on an application for the appointment of a guardian is scheduled in court:

YES NO-- The Proposed Ward would be able to attend, understand, and participate in the hearing.

YES NO-- Because of his or her incapacities, it would **not** be advisable for the Proposed Ward to appear at a Court hearing because the Proposed Ward would 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 or his or her ability to participate fully in a court proceeding.

Section 7. 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:

Physician's or Psychologist's Signature

Date Signed

Physician's or Psychologist's Name Printed
(must be legible)

Licensure/Certification Number

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