

DOCTOR'S MENTAL STATUS EXAMINATION
For Guardianship

DATE: _____

PHYSICIAN NAME: _____

PHYSICIAN ADDRESS:

TELEPHONE NUMBER: _____

HON _____

JUDGE, PROBATE COURT NO. _____
1115 CONGRESS, _____ FLOOR
HOUSTON, TEXAS 77002

RE: _____

Dear Judge _____:

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____.

For the purpose of this examination, I am aware that 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 or herself, to care for the individual's own physical health, or to manage the individual's own financial affairs."**

Based upon the examination and my observations, it is my opinion that the Proposed Ward's incapacity is described in my answers to the following questions:

1. What is the general nature and degree of the incapacity?

2. What is the patient's medical history as it is related to the incapacity?

3. What is the prognosis, including the estimated severity, of the incapacity?

4. How and in what manner does the patient's physical and mental health affect ability to make or communicate responsible decisions?
5. Is the patient on any medications, which affect demeanor or ability to participate in court proceedings? If so, what medications are the patient on and how is his/her demeanor or ability to participate in court proceedings affected?
6. If the underlying diagnosis of the incapacity is that of "senility", please describe the precise physical and mental condition underlying the diagnosis of senility.
7. Is mental retardation the basis of the Proposed Ward's incapacity?
8. It is my opinion that the patient ("Proposed Ward") is incapable of making a decision concerning the following as indicated by a mark before the appropriate letter:

MATTERS RELATED TO THE WARD'S PROPERTY

Capable	Incapable	
_____	_____	a. to handle a bank account.
_____	_____	b. to contract and incur obligations.
_____	_____	c. to collect and file suit on debts, rentals, wages and other claims due Proposed Ward.
_____	_____	d. to pay, compromise and defend claims against himself/herself.
_____	_____	e. to apply for or consent to governmental services.
_____	_____	f. to apply for and to receive funds from governmental sources.
_____	_____	g. to enroll in public or private residential care facilities.
_____	_____	h. to make employment decisions.
_____	_____	i. to make decisions related to military service.

Capable

Incapable

j. to enter into insurance contracts of every nature.

k. to vote.

l. to operate a motor vehicle.

m. to participate in the selection of residential placement.

n. to handle funds of \$50.00 or less.

o. to hire an attorney.

p. other:

1. _____

2. _____

MATTERS RELATED TO THE WARD'S PERSON

Capable

Incapable

q. to apply for psychological and psychiatric tests and evaluations.

r. to consent to medical and dental treatment and testing.

s. to consent to disclosure of psychological and medical records.

t. other:

1. _____

2. _____

THEREFORE, it is my opinion that the Proposed Ward is incapacitated as stated in this letter and that the Court should consider the appointment of a guardian.

FURTHERMORE, (answer YES to one of the following):

_____ It is my opinion that the Proposed Ward is partially incapacitated.

_____ It is my opinion that the Proposed Ward is totally without capacity.

_____ It is my opinion that the Proposed Ward has total capacity.

9. I believe that the Court should also be aware of the following additional information, if any, which concerns the Proposed Ward and which is not included above, but which may be of interest to the Court.

Sincerely,

_____, M.D.

**PHYSICIAN'S AFFIDAVIT
SUPPORTING MENTAL STATUS EXAM**

STATE OF TEXAS §
 §
COUNTY OF HARRIS §

On this day, _____, personally appeared before me, the undersigned notary public, and after I administered an oath to him/her, upon his/her oath, stated as follows:

“I have personally examined _____ and completed the mental status examination form. The facts in it are within my personal knowledge and are true and correct.”

Signature

Printed Name

SWORN TO and SUBSCRIBED before me by _____ on
the _____ day of _____, 20_____.

Notary Public in and for The State of Texas