

## Sample — Physician’s Certificate of Medical Examination – TEAM Institute

### PHYSICIAN’S CERTIFICATE OF MEDICAL EXAMINATION

In the Matter of the Guardianship of \_\_\_\_\_, For Court Use Only  
\_\_\_\_\_, Court Assigned: \_\_\_\_\_  
an Alleged Incapacitated Person

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.

#### 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: \_\_\_\_\_  
Physician’s Name \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Office Address \_\_\_\_\_

YES  NO I am a physician currently licensed to practice in the State of Texas.  
I have been the doctor 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 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.

Based upon my last examination of the Proposed Ward, I provide the following information:

**1. EVALUATION OF THE PROPOSED WARD’S PHYSICAL CONDITION**

Physical Diagnosis: \_\_\_\_\_

Conditions underlying diagnosis: \_\_\_\_\_

a. Prognosis: \_\_\_\_\_

b. Severity:  Mild  Moderate  Severe

c. Treatment: \_\_\_\_\_

**2. EVALUATION OF THE PROPOSED WARD’S MENTAL FUNCTION**

Mental Diagnosis: \_\_\_\_\_

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?

YES  NO Does this mental diagnosis include dementia?

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?

**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

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

**4. DEVELOPMENTAL DISABILITY**

YES  NO Does the Proposed Ward have developmental disability?

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

YES  NO Mental retardation?

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**

The court may not grant an application to create a guardianship if the basis for the Proposed Ward’s incapacity is mental retardation 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, 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.*

- 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?

**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 (previous page) 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 (previous page) and believe the Proposed Ward is partially incapacitated, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 6.

**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

**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:

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\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name Printed