

Guardianship Referral

To: Harris County Probate Courts

Please note that this must accompany the original completed, notarized doctor's mental status exam. Complete the below and any additional information to the extent possible to the Harris County Probate Clerk's office at 201 Caroline, 8th Floor, Houston, Texas, 77002, 713-755-6425. (9/1/09 doctor's letter can be obtained at: <http://www.hctx.net/probate/default.aspx>).

Proposed Ward's Name (& AKA): _____

DOB: _____ Admission date: _____

Prior address: _____

Reason for referral of guardianship (brief summary of current situation): _____

Attending doctor name and contact info: _____

Social Worker's name and contact info: _____

Financial Income Source(s) & Amounts: _____

Claim #s for each income: _____

Family member or interested party names and contact info: _____

Advanced Directive Status: _____ First language: _____

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.

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).

General Information

Physician's Name _____ Phone (____) _____

Physician's Address _____

Yes No I am a physician currently licensed to practice in the State of Texas.

Proposed Ward's Name _____

Date of Birth _____ Age _____ Gender M / F

Primary Residence _____

Current Location of Ward (if different from Primary Residence): _____

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.

I have treated the Proposed Ward since _____, ____ (date).

Yes No Before the examination, I informed the Proposed Ward that communication with me would not be privileged.

Evaluation of Capacity

1. Describe the nature, degree, and severity of incapacity, including functional deficits, if any, regarding the proposed ward:

2. Have temporary or reversible causes of mental impairment been evaluated and treated?

Yes

No

Uncertain

3. With time and treatment, mental functioning will most likely:

- Improve Worsen Stay the Same

4. If the condition causing mental impairment is treatable or reversible, explain how functioning may improve. If there are mitigating factors such as hearing or vision loss that may cause the person to appear incapacitated describe these:

5. If improvement is possible, the individual should be re-evaluated in _____ weeks.

Evaluation of Physical Condition and Mental Function

1. Provide your evaluation of the proposed ward's physical condition and mental function and summarize the proposed ward's medical history if reasonably available.

2. State how or in what manner the proposed ward's ability to make or communicate responsible decisions concerning himself or herself is affected by the physical or mental health.

3. Indicate whether the proposed ward is able to do the following:

- Yes No Understand or communicate
- Yes No Recognize familiar objects and individuals
- Yes No Perform simple calculations
- Yes No Break down complex tasks down into simple steps and carry them out
- Yes No Solve problems and reason logically
- Yes No Administer to basic activities of daily living (e.g. bathing, grooming, dressing, walking, toileting)
 independent needs assistance needs total care
- Yes No Vote in a public election
- Yes No Operate a motor vehicle safely
- Yes No Administer own medication on a daily basis
- Yes No Manage business affairs
- Yes No Manage financial matters
- Yes No Make personal decisions regarding residence
- Yes No Make decisions regarding marriage
- Yes No Consent to medical, dental, psychological, or psychiatric treatment

4. State whether any current medication affects the demeanor of the proposed ward or the proposed ward's ability to participate fully in a court proceeding. If so, provide the medication name and how it affects his/her demeanor or ability to participate in court proceedings.

Comments: _____

Mental Disability

1. Yes No Does the Proposed Ward have a developmental disorder?

(A) If “Yes” above, is the disability a result of :

- Yes No Mental Retardation* (see boxed text, page 5)?
- Yes No Autism
- Yes No Other _____

2. Describe the precise physical and mental disorders underlying the proposed ward’s incapacity, if any:

3. Yes No Would the proposed ward benefit from supports and services that would allow the individual to live in the least restrictive setting?

Describe:

4. Level of care and/or supervision needed, including housing.
 secure facility 24hr supervision some supervision no supervision

5. If specific placement is recommended, please describe:

- | | |
|--|---|
| 6. The individual would benefit from: | |
| Education training | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain |
| Mental health treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain |
| Occupational, physical, or other therapy | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain |
| Home and/or social services | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain |
| Assistive devices (e.g. hearing aid) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain |
| Medical treatment | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain |
| Other | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain |

Describe:

***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?

- 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)
- Yes No Is there evidence that the mental retardation originated during the Proposed Ward's developmental period?

Describe the Proposed Ward's adaptive behavior level:

I am: (check one or both if applicable):

- a physician or psychologist licensed in this state; or
- certified by the Department of Aging and Disability Services to perform the examination, in accordance with the rules of the executive commission of the Health and Human Services Commission governing such examinations
- Yes No The Determination of Mental Retardation was made in accordance with § 593.005, Health and Safety Code.

Evaluation of the Proposed Ward's Physical Condition and Mental Function

Physical Diagnosis: _____

- 1. Prognosis: _____
- 2. Severity: Mild Moderate Severe
- 3. Treatment: _____

Mental Diagnosis: _____

- 1. Prognosis: _____
- 2. Severity: Mild Moderate Severe
- 3. Treatment: _____
- 4. Please check all of the areas below in which the Proposed Ward has a deficit(s).
Short-term memory Long-term memory Immediate recall
- 5. Yes No Do the proposed ward's periods of impairment from the deficits indicated above (if any) vary substantially in frequency, severity, or duration?

Summary of Matters Related to the Proposed Ward's Property

In order to further assist the Court, please provide us with a summary of your findings by checking either "capable" or "incapable" for each topic below:

Capable Incapable

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. to handle a bank account. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. to contract and incur obligations. |
| <input type="checkbox"/> | <input type="checkbox"/> | c. to collect and file suit on debts, rentals, wages and other claims due. |
| <input type="checkbox"/> | <input type="checkbox"/> | d. to pay, compromise and defend claims against him/herself. |
| <input type="checkbox"/> | <input type="checkbox"/> | e. to apply for or consent to governmental services. |
| <input type="checkbox"/> | <input type="checkbox"/> | f. to apply for and to receive funds from governmental sources. |
| <input type="checkbox"/> | <input type="checkbox"/> | g. to enroll in public or private residential care facilities. |
| <input type="checkbox"/> | <input type="checkbox"/> | h. to make employment decisions. |
| <input type="checkbox"/> | <input type="checkbox"/> | i. to make decisions related to military service. |
| <input type="checkbox"/> | <input type="checkbox"/> | j. to enter into insurance contracts of every nature. |
| <input type="checkbox"/> | <input type="checkbox"/> | k. to operate a motor vehicle. |
| <input type="checkbox"/> | <input type="checkbox"/> | l. to vote in an election. |
| <input type="checkbox"/> | <input type="checkbox"/> | m. to participate in the selection of residential placement. |
| <input type="checkbox"/> | <input type="checkbox"/> | n. to make residential placement decisions independently. |
| <input type="checkbox"/> | <input type="checkbox"/> | o. to manage business affairs. |
| <input type="checkbox"/> | <input type="checkbox"/> | p. to make financial decisions. |
| <input type="checkbox"/> | <input type="checkbox"/> | q. to handle funds of \$50.00 or less. |
| <input type="checkbox"/> | <input type="checkbox"/> | r. to make decisions regarding marriage. |
| <input type="checkbox"/> | <input type="checkbox"/> | s. Other: _____ |

Summary of Matters Related to the Proposed Ward's Person

Capable Incapable

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | t. to apply for psychological and psychiatric tests and evaluations. |
| <input type="checkbox"/> | <input type="checkbox"/> | u. to consent to medical and dental treatment and testing. |
| <input type="checkbox"/> | <input type="checkbox"/> | v. to consent to disclosure of psychological and medical records. |
| <input type="checkbox"/> | <input type="checkbox"/> | w. Other: _____ |

Ability to Attend Court Hearing

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.

It is my opinion that the Proposed Ward is:

_____ **totally without capacity.**

_____ **partially incapacitated.**

_____ **not incapacitated.**

I believe 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.

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____ License No.: _____

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_____.

(seal)

Notary Public in and for
The State of Texas