

SUPERIOR COURT OF ARIZONA, YAVAPAI COUNTY

In the Matter of the Guardianship/)
Conservatorship of:) No. 1300GC
)
_____) MEDICAL PROFESSIONAL'S REPORT

INSTRUCTIONS TO HEALTH CARE PROFESSIONAL

A court case has been filed that asks the court to appoint a guardian and/or conservator for the person named above. Before the court grants such a petition, the court must decide if mental, physical, or other cause exists which necessitates a guardianship or conservatorship. Therefore, the court needs to know what you, as the physician, psychologist, or registered nurse for the person, think about the person's health, whether the person needs inpatient mental health treatment, whether the person's driving privileges should be suspended or whether the person retains sufficient understanding to retain the right to vote. The court's goal is to do all that is possible to help the person about whom this case is pending to live as fully as his or her mental or physical impairments allow.

The court realizes that your time is valuable and has developed the following questions to make it easier for you to prepare your report. If you want to use some other format to submit your report, please feel free to do that too, so long as you provide the same type of information the court needs.

If the Petitioner is seeking the authority to consent to inpatient mental health treatment, this report must be signed by a licensed psychiatrist or psychologist.

Please review each question carefully and respond to the question completely. If you need additional space to respond, use additional sheets of paper, identifying your response by the question number.

A party may call you as a witness to explain your responses. A thoroughly completed form may provide the court and the parties with sufficient information, and avoid the necessity for your testimony.

When you have completed your responses, please sign, date and return this form to the petitioning party or the lawyer that requested your responses. That person is responsible for filing the original report with the court and distributing copies to the interested parties.

Thank you for your assistance and cooperation.

MEDICAL PROFESSIONAL’S BACKGROUND

1. Name and office address: _____

2. Identify your profession: Physician Psychologist Registered Nurse
Other: _____

3. What is your medical specialty? _____

4. Are you Board certified? Yes No

 If “yes”, list areas of certification: _____

PATIENT INFORMATION

5. What is your relationship to Patient? _____

6. How long have you known Patient? _____

7. When was the last time you evaluated or treated Patient? _____

8. What was the purpose for that evaluation or treatment? _____

9. Does Patient have difficulties with the following (check all that apply)?

- Mental disorder Physical illness
 Chronic intoxication or drug use Cognitive abilities
 Other: _____

10. Please specify the nature of the illness, disorder or other medical diagnosis:

11. Has Patient been previously treated or hospitalized for this issue? Y N

 If so, when and where: _____

FUNCTIONAL IMPAIRMENTS

12. Is Patient able to perform any of the following without assistance?

- Pay bills Take medication appropriately
 Obtain food Provide for adequate housing
 Live alone Exercise daily self-help skills
 Drive a motor vehicle Other: _____
 Make appropriate judgments that will protect their person, property or interests

13. What activities of daily living is Patient capable of performing without direction or with minimal direction?

Give a comprehensive assessment of Patient's functional impairments:

14. If you believe that a guardianship is appropriate but conclude that the Patient should be allowed to drive, explain: _____

PATIENT'S MEDICATIONS

15. List all current medications, dosages, purposes for and effects of the medications:

Medication/Dosage

Purpose and effects

16. Will any of the identified medications cause a decrease in Patient's cognitive abilities? If so, which: _____

17. Do you believe that any of the identified medications decreases Patient's ability to ambulate? If so, which: _____

18. Do you believe that a "medication holiday," if possible, would help you provide a better evaluation of Patient? Y N

19. Do you believe that any change in medication would improve Patient's mental or physical abilities? If yes, please describe: _____

TREATMENT AND CARE PLAN

20. Do you believe that any further medical evaluation or alternative treatments would benefit Patient? If yes, please describe: _____

21. Do you believe Patient would benefit from other types of therapy such as counseling? If so, please describe: _____

22. Describe Patient's most appropriate care plan or rehabilitation plan:

23. Where do you believe is an appropriate living environment for Patient?

___ home alone

___ home with companion

___ home with skilled nurse

___ residential/retirement community

___ group home

___ boarding home

___ supervised care facility

___ nursing home

___ hospital

___ _____

___ level one behavioral health facility for inpatient mental health treatment

24. Describe Patient's least restrictive reasonably available living arrangement:

25. Do you believe that Patient's current condition will likely improve?

Within six months? Y N Within a year? Y N

Is there any reason for the court to review this matter within the next year?

Is there any reason why Patient should not attend court proceedings?

If yes, describe: _____

Describe how and the extent to which the functional impairments affect Patient's ability to receive or evaluate information needed in making or communicating Patient's personal or financial decisions: _____

26. Make any additional comments or suggestions which would assist the court in understanding Patient's situation: _____

MENTAL HEALTH TREATMENT ISSUES

This section must be completed by a licensed psychologist or psychiatrist if the petitioner is requesting authority for a guardian to consent to inpatient mental health treatment in a level one behavioral health facility.

Evaluator is a ___ licensed physician specializing in psychiatry

 ___ licensed psychologist

Mental disorder is defined as a substantial disorder of the person's emotional processes, thought, cognition or memory. Mental disorders are distinguished from (a) conditions related to drug abuse, alcoholism or intellectual disability; (b) declining mental abilities accompanying impending death; or (c) character and personality disorders characterized by lifelong and deeply ingrained antisocial behavior patterns.

27. Is it your opinion that Patient is incapacitated as a result of a mental disorder? Y N

28. If yes, identify the mental disorder diagnosis: _____

29. It is your opinion that Patient is likely to be in need of inpatient mental health care and treatment within the next year in a level one behavioral health facility? Y N

30. If yes, explain the need for, the anticipated onset of and the duration of the inpatient treatment: _____

31. Describe Patient's current treatment plan. _____

32. Additional Information: _____

DATE _____

Signature

Printed Name and Title