

Examining Physician's or Psychologist's Report

INSTRUCTIONS

NOTE: This report will be used in a legal proceeding to determine if this individual is in need of a guardian or in need of protective placement or protective services. Prior to examining this individual, you must inform the individual of his/her rights. Those rights are contained in the statement below and should be read by you to the individual before you begin your examination.

Please answer the questions to the best of your ability, to a reasonable degree of professional certainty. Any questions that you cannot answer should be marked "unknown." Type or print your answers neatly. You may supplement this report with attachments.

STATEMENT TO BE READ TO THE INDIVIDUAL PRIOR TO EXAMINATION

I have been asked to give a professional opinion about your need for a guardian and for protective placement or protective services.

Before we begin, I must tell you:

- Things you say to me may be used to decide if you need a guardian.
- You have the right to refuse to participate in this evaluation unless a court ordered you to participate.
- You have the right to refuse to speak with me.
- I am required to report to the Court even if you do not speak to me.
- What we discuss is not confidential and may be shared in Court.

DEFINITIONS

Developmentally Disabled: A disability attributable to intellectual disability, cerebral palsy, epilepsy, autism, or another neurological condition closely related to intellectual disability or requiring treatment similar to that required for individuals with intellectual disability, which has continued or can be expected to continue indefinitely, substantially impairs an individual from adequately providing for his or her own care or custody, and constitutes a substantial handicap to the afflicted individual. The term does not include dementia that is primarily caused by degenerative brain disorder.

Serious and Persistent Mental Illness: A mental illness that is severe in degree and persistent in duration, that causes a substantially diminished level of functioning in the primary aspects of daily living and an inability to cope with the ordinary demands of life, that may lead to an inability to maintain stable adjustment and independent functioning without long-term treatment and support that may be of lifelong duration. Serious and persistent mental illness includes schizophrenia as well as a wide spectrum of psychotic and other severely disabling psychiatric diagnostic categories but does not include degenerative brain disorder or a primary diagnosis of a developmental disability or of alcohol or drug dependence.

Degenerative Brain Disorder: The loss or dysfunction of an individual's brain cells to the extent that he or she is substantially impaired in his or her ability to provide adequately for his or her own care or custody or to manage adequately his or her property or financial affairs.

Other Like Incapacities: Those conditions incurred at any age that are the result of accident, organic brain damage, mental or physical disability, or continued consumption or absorption of substances, and that produce a condition that substantially impairs an individual from providing for his or her own care or custody.

Incapacity: Inability to effectively receive and evaluate information or to make or communicate a decision with respect to the exercise of a right or power.

Impairment: Developmental disability, serious and persistent mental illness, degenerative brain disorder, or other like incapacities.

Meet the Essential Requirements for Physical Health or Safety: Perform those actions necessary to provide the health care, food, shelter, clothes, personal hygiene, and other care without which serious physical injury or illness will likely occur.

Protective Services: Services that when provided to an individual with developmental disabilities, degenerative brain disorder, serious and persistent mental illness, or other like incapacity, keep the individual safe from abuse, neglect, or misappropriation of property or prevent the individual from experiencing deterioration or from inflicting harm on himself/herself or another individual.

(This Instruction Page should NOT be submitted to the Court)

LAC COURTE OREILLES TRIBAL COURT

For Official Use

In the matter of:

**EXAMINING PHYSICIAN'S
OR PSYCHOLOGIST'S
REPORT**

Name of Ward

Case No. _____

Date of Birth

Prior to beginning your evaluation of this individual, did you read to him or her the "STATEMENT TO BE READ TO THE INDIVIDUAL PRIOR TO EXAMINATION?" Yes No

If no, Explain: _____

Did the individual appear to understand? Yes No

Comment: _____

PATIENT INFORMATION:

Date of Birth: _____ Age: _____ Gender Female Male Marital Status: _____

If available: Height: _____ Weight: _____ Eyes: _____ Hair Color: _____

Children: _____

Educational Background: _____

Veteran Status: _____

Occupation and Employment Status: _____

EXAMINATION

Name of Examiner: _____

Date of Examination: _____ Time spent with the individual: _____

Place of Examination: _____

Collateral sources used as part of your evaluation:

Records: _____

Interviews: _____

Other: _____

Brief History: (report relevant social and medical history)

1. Check this box only if **ALL** of the following are true:
- a. This individual has suffered a sudden and catastrophic injury or illness and is present unresponsive, unconscious, or comatose; AND
 - b. His or her condition is likely to persist for the foreseeable future; AND
 - c. It is not possible to interview or evaluate him or her, AND
 - d. An alternate decision maker is required to provide his or her proper care and treatment.

(if #1 is checked, proceed directly to #9.)

2. Did the individual's presentation suggest sedation, intoxication, delirium, or other conditions affecting the individual's participation in the examination? Yes No

Explain: _____

3. A. Estimate the individual's level of intelligence:

B. Describe the individual's level of functional knowledge: (e.g. ability to read, use currency, phone, etc.)

4. Note level of impairment and describe examination finds in the following areas:

Orientation Intact Mild Impairment Moderate Severe

Findings: _____

Attention/Concentration Intact Mild Impairment Moderate Severe

Findings: _____

Sensory/Motor Functioning Intact Mild Impairment Moderate Severe

Findings: _____

Language/Communication Intact Mild Impairment Moderate Severe

Findings: _____

Memory Intact Mild Impairment Moderate Severe

Findings: _____

Reasoning Intact Mild Impairment Moderate Severe

Findings: _____

Other Executive Functioning Intact Mild Impairment Moderate Severe
(Insight, judgment, planning, etc.,)

Findings: _____

Emotional/Behavioral Functioning Intact Mild Impairment Moderate Severe

Findings: _____

5. Does the individual adequately understand and appreciate the nature and consequences of any impairment he or she may have? Yes No

Explain: _____

6. A. Does the individual have incapacity due to his/her impairments? Yes No

B. Is this incapacity permanent? (unlikely to resolve with treatment) Yes No

C. Using the definitions on the instruction sheet, specify the condition(s) related to the incapacity.

(Check all that apply)

(1) Developmental disability. Yes No

(2) Degenerative brain disorder. Yes No

(3) Serious and persistent mental illness. Yes No

(4) Other like incapacities. Yes No

What are the diagnoses for each checkbox?

Explain: _____

7. Does the individual's incapacity interfere with ability to

- | | | |
|--|------------------------------|-----------------------------|
| A. receive and evaluate information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. use information in a decision process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. communicate decisions? | | |
| D. protect himself or herself from abuse, exploitation, neglect or rights violation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. meet essential requirements of his or her health and safety? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. manage his or her property and financial affairs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| G. address risk of property being dissipated in whole or in part? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| H. provide for his or her own support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I. prevent financial exploitation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain how the individual's impairments result in the incapacities in A. – I. noted above:

8. Would any of the following less restrictive interventions eliminate the need for guardianship for this individual?

- | | | |
|--|------------------------------|-----------------------------|
| A. Training or education | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Support services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Assistive devices | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Advanced planning (e.g., powers of attorney, trust, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. Representative payee | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| F. Other: _____ | | |

Explain why a less restrictive measure is or is not appropriate for this individual:

9. Does the individual have the evaluative capacity to

- | | | |
|---|------------------------------|-----------------------------|
| A. execute a will? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. serve on a jury? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. understand the objective of the elective process (e.g., registering to vote or voting in an election)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

10.

A. Does the individual have the evaluative capacity to

(If "No", indicate whether the individual could exercise the right with approval of his/her guardian.)

- | | | | |
|---|-----------------------------|------------------------------|--|
| (1) consent to marriage? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with guardian approval |
| (2) apply for an operator's/driver's license? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with guardian approval |
| (3) apply for a fishing license? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with guardian approval |
| (4) apply for a license under Ch. 29, Wis. Stats., other than fishing? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with guardian approval |
| (5) apply for any other license or credential under §54.25(2)(c)1.d., Wis. Stats. Specifically: _____ | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with guardian approval |
| (6) consent to sterilization? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with guardian approval |
| (7) consent to organ, tissue, or bone marrow donation? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes, with guardian approval |

Comments: _____

B. Does the individual have the evaluative capacity to

1. consent to medical examination and treatment, and consent to voluntary medication, including psychotropic medication that is in the individual's best interests?

No Yes, independently Yes, with the following limitations: _____

2. consent to the involuntary administration of a medical examination, medication other than psychotropic medication, and medical treatment that is in the individual's best interests?

No Yes, independently Yes, with the following limitations: _____

3. authorize the participation in an accredited or certified research project if the research project might help the individual or others, if there is a minimal risk of harm to the individual?

No Yes, independently Yes, with the following limitations: _____

4. authorize the participation in research that might not help the individual but might help others if there is greater than minimal risk or harm to the individual, and evidence indicates the individual would have elected to participate?

No Yes, independently Yes, with the following limitations: _____

5. consent to experimental treatment in the individual's best interests?

No Yes, independently Yes, with the following limitations: _____

6. make decisions related to mobility and travel?

No Yes, independently Yes, with the following limitations: _____

7. receive medical or treatment records of the individual?

No Yes, independently Yes, with the following limitations: _____

8. consent to release of confidential records other than court, treatment, and individual health care records and redisclosure as appropriate?

No Yes, independently Yes, with the following limitations: _____

9. consent to receipt by individual of social and supported living services?

No Yes, independently Yes, with the following limitations: _____

10. choose providers of medical, social, and supported living services?

No Yes, independently Yes, with the following limitations: _____

11. make decisions regarding educational and vocational placement and support services or employment?

No Yes, independently Yes, with the following limitations: _____

12. make decisions regarding initiating a petition for termination of marriage?

No Yes, independently Yes, with the following limitations: _____

11. Is the individual prescribed psychotropic medications? Yes No

If yes and the individual is refusing or resisting this course of treatment, do you recommend a full evaluation regarding capacity to refuse psychotropic medications? Yes No

Comments: _____

Protective Placement (#12 - #14)

12. Does this individual require placement in a licensed, certified, or registered setting? Yes No

A. If yes, does the individual have a primary need for residential care and custody? Yes No

B. If yes, does the individual's incapacity render him/her so incapable of providing for his/her own care or custody as to create a substantial risk of serious harm to himself/herself or others? Yes No

C. If yes, is the individual's incapacity permanent or likely to be permanent? Yes No

Explain: _____

If you answered "NO" to any part of #13, skip to #15

13. Do the placement needs of this individual include: (Check all that apply)

24 hour supervision?

A secure setting with monitored egress?

A locked setting?

On sit skilled nursing care?

Explain: _____

14. In lieu of protective placement for this individual, would you recommend protective services? Yes No

Specify: _____

15. Do you believe this individual is able to attend court hearings? (A-C)

A. Yes

B. There are medical contraindications to his or her attendance at a hearing. The individual could participate if the hearing was held at the individual's location.

C. There are other contraindications to the individual's attendance at a hearing.

Explain: _____

16. If you have any additional comments, you feel are important in evaluating the individual's need for guardianship and/or protective placement or services, make them here. See attached.

Comments: _____

TO THE COURT:

I am a physician. psychologist

This report is made to the Court as part of a proceeding to appoint a guardian for an individual on the ground that the individual allegedly has incompetency. It contains my professional opinion regarding the presence and likely duration of any medical or other condition causing this individual to have incapacity.

I certify that I have, by personal examination and inquiry, satisfied myself as to the condition of capacity of this individual and the result of my evaluation and inquiry will be found in my answers to the above questions, which are true to the best of my knowledge and to a reasonable degree of professional certainty.

► _____
Examiner Signature

Name Printed

Address

Date