**Probate - Physician Evaluation**

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| IN THE MATTER OF: |  | Case Number MI- |  |

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| Hearing Date |  | |  | | | |
|  | | | | | | |
| **Central Clinic** | | **GCBHS** | | **Talbert House** | **LYS** | **VA** |
| **New Path** | | **Central Connection** | | **Other:** |  | |

**Please Answer All Questions. If answered ‘yes’, explain:**

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| 1. **Does the patient suffer from a chronic disorder, now in partial remission?** |

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| Thought | Yes  No |  |

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| Mood | Yes  No |  |

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| --- | --- | --- |
| Perception | Yes  No |  |

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| --- | --- | --- |
| Orientation | Yes  No |  |

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| --- | --- | --- |
| Memory | Yes  No |  |

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| 1. **Does the substantial disorder, when not impartial remission, grossly impair the patient?** |

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| Judgment | Yes  No |  |

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| Behavior | Yes  No |  |

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| --- | --- | --- |
| Capacity to recognize reality | Yes  No |  |

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| --- | --- | --- |
| Ability to meet ordinary demands of life | Yes  No |  |

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| 1. **If released, is the patient likely to discontinue medication and/or treatment?** | Yes  No |
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| 1. **Do your records clearly document that when Community Probate is discontinued, this patient discontinues medications and becomes psychotic?** | Yes  No |
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| 1. **Is the partial remission the result of treatment?** | Yes  No |
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| 1. **Based on the foregoing, is there a substantial likelihood that the respondent’s freedom from court-ordered treatment would result in at least one of the following:** | | Yes  No |
| 1. Would represent a substantial risk of physical harm to their self as manifested by evidence of threats or attempts at suicide, or serious self-inflicted bodily harm? | Yes  No |
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| 1. Would represent a substantial risk of harm to others as manifested by evidence of recent homicidal or other violent behavior, or evidence of recent threats that place another in reasonable fear of violent behavior and physical harm? | Yes  No |
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| 1. Would represent a substantial and immediate risk of physical impairment or injury of their self as manifested by evidence that they are unable to provide for and are not providing for their basic physical needs because of their mental illness, and appropriate provision for such needs cannot be made immediately available in the community? | Yes  No |
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| 1. Would benefit from treatment in a hospital for their mental illness and needs such treatment as manifested by evidence of behavior that creates a grave and imminent risk to rights of others or their self? | Yes  No |
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| 1. **Need for continued outpatient community probate status** | |  |
| 1. Is your monitoring of the respondent more intensive or of a different quality/frequency because the respondent is on Community Probate? | Yes  No |
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| 1. Does this respondent have a documented history of serious violence to self, others or property when ill/decompensated? | Yes  No |
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| 1. Has there been any episodes of violence to self, others, or property while under your care? Are you aware of any occurrences within the last 18 months? | Yes  No |
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| 1. While the respondent has been on Outpatient Community Probate, have any episodes of decompensation resulted in a motion for inpatient treatment being filed on the respondent? | Yes  No |
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| 1. While the respondent has been on Outpatient Community Probate, have they sought more intensive treatment voluntarily while decompensated? | Yes  No |
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| **Diagnoses:** |  |

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| **Medication, including dosages:** |  |

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| **Prognosis:** |  |

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| **Least Restrictive Setting:** | Inpatient Hospitalization  Outpatient Court Ordered Treatment |
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| Signature of Attending Physician | | Today’s Date |
|  |  |  |
| Printed Name of Attending Physician | | The physician’s evaluation was completed based on the date of this client’s last psychiatric appointment on the above date. |

Physician Evaluation 6/6/23