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5. The behavior that indicates and the facts that support these conclusions are as follows (attach additional pages if necessary):

A. Patient:

Age: _____ Sex: _____

Location of patient: _____

Intake date: _____

Legal status: _____

B. Reason for admission (if applies): _____

C. Past psychiatric history and treatment:

D. Present physical condition:

E. Present Mental Disorder:
1. Emotional process: _____
2. Thought: _____
3. Cognition: _____
4. Memory (immediate, recent, remote): _____
5. Judgement: _____
6. Insight: _____
7. Other: _____

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F. Present treatment for disorder:

G. Is the proposed patient's condition evidenced by behavior in which he/she, as a result of a severe mental disorder, is likely to come to serious physical harm or serious illness because he/she would be unable to provide for his/her basic physical needs without hospitalization

Yes _____ No _____

H. If yes, explain how his/her mental disability affects his/her ability to do the following and how any inability might harm him/her. Provide examples, if available, to support you conclusion:

1. Provide for food: _____

2. Provide for clothing: _____

3. Provide for shelter: _____

4. Obtain and maintain steady employment: _____

5. Respond in an emergency: _____

6. Care for present or future medical problems: _____

7. Manage money: _____

8. Other. _____

1 I. Is there any indication that the patient, as a result of his/her mental
2 disorder, will not take his/her prescribed psychiatric medications or
3 comply with any other treatment for his/her mental disability?

4 Yes _____ No _____

5 If yes, explain your answer, and then describe, if applicable, how the
6 patient's failure to take the medication and comply with other
7 recommended treatment might affect his/her ability to provide for his/her
8 basic needs.

9 _____
10 _____

11 J. The patient is in need continued treatment.

12 Yes _____ No _____

13 K. Is voluntary treatment appropriate?

14 Yes _____ No _____

15 Explain the basis for your opinion: _____

16 _____

17 L. Are suitable alternatives to court ordered treatment available?

18 Yes _____ No _____

19 Explain the basis for your opinion:

20 _____
21 _____
22 _____

23 M. The patient should:

24 _____ be released (from court-ordered treatment) without delay.

25 _____ be released (from court-ordered treatment) with delay.

_____ Not be released (from court-ordered treatment).

Explain the basis of your conclusion:

N. (1). Is the patient under a guardianship or conservatorship?

Yes _____ No _____

If yes, then answer the following:

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(a) What is the type of guardianship/conservatorship that exists and who is the guardian/conservator?

(b) Is there a continuing need for guardianship/conservatorship?
Yes _____ No _____

(c) Are the existing protections of the patient adequate?
Yes _____ No _____

If no, do you recommend that the court order an investigation into the patient's need for guardianship?

Yes _____ No _____

(d) Explain the basis for your conclusions in N 1(b) and include any recommended changes in the legal status of the guardianship.

(2) If the patient is not under a guardianship/conservatorship, then Answer the following:

(a) Do you recommend guardianship/conservatorship considering the adequacy of existing protections of the patient and the need for guardianship/conservatorship?

Yes _____ No _____

(b) Do you recommend that the court order an investigation into the patient's needs?

Yes _____ No _____

(c) Explain the basis for your conclusions in 2 (a) and d (b) and, if applicable, include a recommendation as to the particular type of guardianship/conservatorship.

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PREPARED THIS _____ day of _____, 2007.

Name: _____

Site: _____

Telephone Number: _____

STATE OF _____

COUNTY OF _____

SUBSCRIBED AND SWORN to before me this ___ day of _____,
200___, by _____.

Notary Public

My commission expires:
