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**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA**  
**IN AND FOR THE COUNTY OF MARICOPA**

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In the matter of: ) **MH:**  
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)  
) **PSYCHIATRIC REPORT FOR ANNUAL**  
) **REVIEW OF A PERSISTENTLY OR**  
) **ACUTELY DISABLED PERSON**  
) **(Pursuant to A.R.S. § 36-543)**  
)  
)  
Re: Mental Health Services )

\_\_\_\_\_ submits the following report after having been appointed by or on behalf of the Office of the Medical Director of Magellan Health Services, an outpatient treatment agency, to serve as an examiner for the annual examination and review of \_\_\_\_\_, a Persistently or Acutely Disabled person undergoing court ordered treatment at said agency, in order to determine whether the continuation of court ordered treatment is appropriate and to assess the needs of said patient for guardianship or conservatorship or both:

1. The undersigned is a duly licensed psychiatrist in the State of Arizona.
2. She/He examined the patient, \_\_\_\_\_, on \_\_\_\_\_, 200\_\_ and has studied the patient's records in preparation for this report.  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. She/He treated the patient, \_\_\_\_\_ from approximately \_\_\_\_\_, 200\_\_ to present and has had contact with the Patient on a/an \_\_\_\_\_ basis.  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. It is the opinion of the undersigned that the patient continues to be Persistently or Acutely Disabled as the result of a mental disorder diagnosed as \_\_\_\_\_.

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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: \_\_\_\_\_

Legal status:  
\_\_\_\_\_

B. Past psychiatric history and treatment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Present physical condition:  
\_\_\_\_\_  
\_\_\_\_\_

D. Present Mental Disorder:

1. Emotional process: \_\_\_\_\_  
\_\_\_\_\_

2. Thought: \_\_\_\_\_  
\_\_\_\_\_

Cognition: \_\_\_\_\_  
\_\_\_\_\_

3. Memory (immediate, recent, remote): \_\_\_\_\_  
\_\_\_\_\_

4. Judgement: \_\_\_\_\_  
\_\_\_\_\_

5. Insight: \_\_\_\_\_  
\_\_\_\_\_

6. Other: \_\_\_\_\_  
\_\_\_\_\_

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E. Present treatment for disorder:

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F. Is the proposed patient's condition evidenced by behavior in which he/she, as a result of a severe mental disorder, if not treated has a substantial probability of suffering or continuing to suffer severe and abnormal mental, emotional or physical harm that significantly impairs judgement, reason, behavior or capacity to recognize reality?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain the basis for your opinion:

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G. Does the proposed patient's condition substantially impair his/her capacity to make an informed decision regarding treatment?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain the basis for your opinion:

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H. Does this impairment cause him/her to be incapable of understanding and expressing an understanding of the advantages and disadvantages of accepting treatment and understanding and expressing an understanding of the alternatives to the particular treatment offered after the advantages, disadvantages and alternatives are explained to him/her?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain the basis for your opinion:

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I. Does the proposed patient have a reasonable prospect of being treatable by outpatient, inpatient or combined inpatient and outpatient treatment?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain the basis for you opinion:

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

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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K. Is the patient in need of continued treatment?

Yes \_\_\_\_\_ No \_\_\_\_\_

L. Is voluntary treatment appropriate?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain the basis for your opinion:

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M. Are suitable alternatives to court ordered treatment available?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain the basis for your opinion:

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- N. The patient should:  
\_\_\_\_\_ be released (from court-ordered treatment) without delay.  
\_\_\_\_\_ be released (from court-ordered treatment) with delay.  
\_\_\_\_\_ Not be released (from court-ordered treatment).

Explain the basis of your conclusion:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- O. (1). Is the patient under a guardianship or conservatorship?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, then answer the following:

- (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.

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(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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_