

Psychiatric Report for Judicial Review

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

In the matter of:)
) MH
)
)
) **PSYCHIATRIC REPORT FOR**
) **JUDICIAL REVIEW (Pursuant to A.R.S.**
) **§36-546)**
Re: Mental Health Services)
_____)

_____, M.D., appointed by or on behalf of the office of the Medical Director of Magellan, a mental health treatment agency, submits the following Psychiatric Report on the condition of _____, a member of Magellan.

1. The undersigned is a duly licensed psychiatrist in the State of Arizona.
2. S/He has examined the patient, _____, on _____, 20____, and has studied information about the patient.
3. S/He treated the patient, _____, from _____, 20____ to the present and has had contact with the patient on a _____ (frequency of contact) basis.
4. S/He finds the patient to be suffering from a mental disorder diagnosed as:

- _____ A Danger to Self
- _____ A Danger to Others
- _____ Persistently or Acutely Disabled
- _____ Gravely Disabled

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

A. Patient _____ Age _____ Sex _____
Location of Patient

Patient Legal Status

B. Present mental disorder:

1) Emotional Process:

2) Thought:

3) Cognition:

4) Memory (immediate, recent, remote):

5) Judgment:

6) Insight:

7) Other:

C. Present treatment for disorder:

D. If a Danger to Self:

1) Behavior which constitutes a danger of the proposed patient inflicting serious physical harm upon herself/himself, including, but not limited to, attempted suicide or the serious threat thereof, if the threat is

substantially supportive of an expectation that the threat will be carried out.

a. _____ Yes _____ No

2) Behavior, which will, without hospitalization, result in serious physical harm or serious illness, but which does not establish only the condition of gravely disabled.

a. _____ Yes _____ No

3) If the answer to 1 or 2 is yes, explain, using specific examples to support your conclusion (Include dates, behaviors)

E. If a Danger to Others:

1) It is my opinion that her/his judgment is so impaired that s/he is unable to understand her/his need for treatment and as a result of her/his mental disorder, her/his continued behavior can reasonably be expected to result in serious physical harm to others.

_____ Yes _____ No

2) If the answer to 1) is yes, explain, using specific examples to support your conclusion:

a. That her/his judgment is so impaired that s/he is unable to understand the need for treatment.

- b. That as a result of the mental disorder, her/his continued behavior can reasonably be expected to result in serious physical harm to others.

F. If Gravely Disabled

- 1) If the patient's condition evidenced by behavior in which s/he, as a mental disorder, is likely to come to serious physical illness because s/he would be unable to provide for her/his basic physical needs without hospitalization?

_____ Yes

_____ No

- a. Provide for food

- b. Provide for clothing and maintain hygiene

- c. Provide for shelter

d. Obtain and maintain steady employment

e. Respond in an Emergency

f. Care for present or future medical problems

g. Manage money

h. Other

G) If Persistently and Acutely Disabled

1) The patient has a severe mental disorder that meets all of the following criteria:

a. If not treated has a substantial probability for causing the patient to suffer severe and abnormal mental, emotional or physical harm that significantly impairs judgment, reason, behavior or capacity to recognize reality.

_____ Yes

_____ No

If yes, explain:

- b. Substantially impairs the patient's capacity to make an informed decision regarding treatment and this impairment causes the patient 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 have been explained to the patient.

_____ Yes

_____ No

If yes, explain:

- c. Has a reasonable prospect of being treatable by outpatient, inpatient, or combined inpatient and outpatient treatment.

_____ Yes

_____ No

If yes, explain:

H) Is there any indication that, as a result of her/his mental disorder, the patient, if not hospitalized, would not take her/his prescribed psychiatric medications or comply with any other recommended treatment for her/his mental disability?

_____ Yes _____ No

1) If yes, explain your answer, and describe, if applicable, how the patient's failure to take the medication and comply with other recommended treatment might affect her/his ability to provide for her/his basic physical needs, or affect her/his dangerousness to self or others: _____

I) The patient is in need of continued treatment.

_____ Yes _____ No

J) Is the patient unwilling to/unable to accept voluntary treatment?

_____ Yes _____ No

K) The patient should:

_____ Be released without delay

_____ Be released with delay

_____ Not be released

_____ Not Applicable

Explain the basis for your conclusion:

SIGNATURE OF PSYCHIATRIST

SUBSCRIBED AND SWORN to before me this ____ day of _____, 20____, by _____.

Notary Public

My commission expires:
