

**GUIDELINES FOR HEALTHCARE PROFESSIONAL’S REPORT**

**INSTRUCTIONS TO PETITIONER:** Fill in the information below and give this document to the court-appointed physician, psychologist, or registered nurse immediately after the ORDER APPOINTING HEALTHCARE PROFESSIONAL is signed.

**Be sure THE written report is given to everyone listed in the ORDER APPOINTING A HEALTHCARE PROFESSIONAL no later than 10 days before the scheduled hearing.**

**COURT CASE NUMBER:** \_\_\_\_\_

**EVALUATOR’S NAME:** \_\_\_\_\_

**EVALUATOR’S PROFESSION:** [ ] Physician [ ] Psychologist [ ] Registered Nurse

**PATIENT NAME:** \_\_\_\_\_

(This is the person whom the Petitioner says needs a guardian and/or conservator)

**NAME OF PETITIONER:** \_\_\_\_\_

**PETITIONER’S TELEPHONE NUMBER:** \_\_\_\_\_

**COURT HEARING: DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_

**INSTRUCTIONS TO EVALUATOR:** A court case has been filed that asks the court to appoint a guardian and/or conservator for the person named above. Before the court grants such a petition, the court must decide if mental, physical, or other cause exists which necessitates a guardianship or conservatorship. Therefore, the court needs to know what you, as the physician, psychologist, or registered nurse for the person, think about the person’s health, whether the person needs inpatient mental health treatment, whether the person’s driving privileges should be suspended or whether the person retains sufficient understanding to retain the right to vote. The court’s goal is to do all that is possible to help the person about whom this case is pending to live as fully as his or her mental or physical impairments allow.

The court realizes that your time is valuable and has developed the following questions to make it easier for you to prepare your report. If you want to use some other format to submit your report, please feel free to do that too, so long as you provide the same type of information the court needs.

**If the Petitioner is seeking the authority to consent to inpatient mental health treatment, this report must be signed by a licensed psychiatrist or psychologist.**

After you complete the report, give the original report to the Petitioner and he or she will see to it that necessary copies are properly distributed. Please do not file your report with the Clerk of the Court. PLEASE DATE AND SIGN YOUR REPORT. THANK YOU FOR YOUR TIME AND ASSISTANCE.

**QUESTIONS FOR HEALTHCARE PROFESSIONAL TO ANSWER:**

1. What is the date you last saw your patient? \_\_\_\_\_

2. How long have you been his or her physician? \_\_\_\_\_

3. Why were you asked to do this evaluation?

You have been the person's physician for many years.

You were asked to do so by the family.

An attorney selected you.

Your office is close to the person's residence.

You are the doctor for the person's nursing home.

Other (Please explain.)

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4. What is your area of specialty? \_\_\_\_\_

Are you Board Certified in this area?  Yes  No

In any other area? \_\_\_\_\_

5. Does the person appear to be having difficulty in any of the following areas?

Mental disorder

Physical illness

Chronic intoxication or drug use

Cognitive abilities

Anything else: \_\_\_\_\_

6. If the person is having difficulty, please specify the nature of the illness, disorder, etc. (include the person's diagnosis)

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Has the person been treated or hospitalized before for this difficulty?  Yes  No

If yes, when and where?

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7. Is the person able to do the following things? If the person is able, please check each applicable box.

- Pay his or her bills
- Obtain food
- Provide adequate housing
- Perform daily self-help skills
- Live alone
- Take medication appropriately
- Drive a motor vehicle
- Make appropriate judgments that will protect him or her personally, physically, or financially
- Retains sufficient understanding to exercise the right to vote

If you believe the person is still able to drive a motor vehicle, but is in need of the assistance of a guardian, please explain why the person should be allowed to keep driving:

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If you believe the person retains sufficient understanding to exercise the right to vote, please explain:

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8. If the person is currently on medication, please list them.

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9. Do you believe that the medication is affecting the person’s ability to respond coherently?  
[ ] Yes [ ] No
10. Do you believe that the medication is affecting the person’s ability to ambulate? [ ] Yes [ ] No
11. Do you believe that a “medication holiday,” if possible, would help you better evaluate this person? [ ] Yes [ ] No
12. Do you believe that any changes made in the type or amount of drugs the person is receiving would noticeably affect his or her mental or physical abilities? [ ] Yes [ ] No
13. Do you believe that any further medical evaluation or treatment would benefit the person?  
[ ] Yes [ ] No

If so, please give your recommendation:

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14. Do you think the person would benefit from other types of therapy such as counseling? Describe.

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15. Where do you think the person should live today?

- [ ] At home with a companion  
[ ] At home with a nurse In a group home  
[ ] In a boarding home  
[ ] In a supervisory care facility In a nursing home  
[ ] In a hospital  
[ ] In an inpatient psychiatric facility for inpatient mental health treatment. Explain:

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[ ] Other: please explain: \_\_\_\_\_

- 16. Do you believe that the person’s condition could improve within 6 months to a year?  Yes  
 No
- 17. Do you believe there is any reason for the court to review this matter again within 6 months to a year?  Yes  No
- 18. Please make any additional comments or suggestions you think would be helpful to the court in making this decision.

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**MENTAL HEALTH TREATMENT ISSUES** (This section must be completed if the petitioner is requesting authority to consent to inpatient mental health treatment.)

- 1. Is it the opinion of the undersigned that the patient is incapacitated as a result of a mental disorder?  Yes  No
- 2. What is the mental disorder? \_\_\_\_\_
- 3. Is it the opinion of the undersigned that the patient is likely to need inpatient mental health care and treatment within the next year?  Yes  No
- 4. (The maximum term for which authority may be granted for a guardian to consent to place in an inpatient psychiatric facility for treatment is one year. This authority may be renewed or extended based on an evaluation and recommendation of a licensed psychiatrist or psychologist submitted to the court with the annual report of the guardian. A.R.S.§ 14-5312.01 (P))

If the answer to #3 is “Yes”, please explain the need for, and the anticipated onset and duration of the inpatient treatment:

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**5.** What kind of treatment is the patient currently receiving for this disorder?

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**6.** Give a comprehensive assessment of any functional impairments of the patient.

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**7.** How and to what extent do these impairments affect the patient's ability to receive or evaluate information needed in making or communicating personal and financial decisions?

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**8.** What task of daily living is the patient capable of performing without direction or with minimal direction?

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**9.** What is the most appropriate rehabilitation plan or care plan for the patient?

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**10.** What would be the least restrictive living arrangement reasonably available for the patient?

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**11.** Is there any reason why this patient should not personally appear in court? [ ] Yes [ ] No  
If “yes” please explain:

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**12.** Please make any additional comments or suggestions you feel would be valuable to the court:

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\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name and Title**