

<p align="center">STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p align="center">REPORT OF PHYSICIAN OR MENTAL HEALTH PROFESSIONAL</p>	<p>FILE NO.</p>
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In the matter of _____, alleged incapacitated individual

1. I am a licensed physician. mental health professional. My speciality is _____
if any

2. I last examined the individual on _____

3. Based on that examination and her/his medical record the individual suffers from the following physical or psychological infirmities:

4. These infirmities interfere in the following ways with the individual's ability to receive or evaluate information in making decisions:

5. The following is a list of all medications the individual is receiving, the dosage of each medication, and a description of the effects of each medication upon the individual's behavior:

6. I believe the individual, due to these described conditions, is not presently able to make informed decisions in the following areas:

- check all that apply
- | | |
|---|---|
| <input type="checkbox"/> determining where to live. | <input type="checkbox"/> handling personal financial affairs. |
| <input type="checkbox"/> consenting to supportive services. | <input type="checkbox"/> authorizing or refusing medical treatment. |

7. The prognosis for improvement in the individual's conditions is _____.

My recommendation for the most appropriate rehabilitation plan is attached.

8. Further comments are attached on a separate sheet.

Date

Signature

Address

Name (type or print)

City, state, zip

Telephone no.

Do not write below this line - For court use only