

STATE OF MICHIGAN PROBATE COURT COUNTY OF	REPORT OF PHYSICIAN OR MENTAL HEALTH PROFESSIONAL	FILE NO.
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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 determining where to live. handling personal financial affairs.
 consenting to supportive services. 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.

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only