

CONFIDENTIAL

RECEIVED:



- Instructions:**
- 1) A psychiatrist appointed to examine a person under conservatorship who was admitted voluntarily to a hospital for psychiatric disabilities may use this form to report to the court regarding the person's ability to give informed consent to the voluntary admission to the hospital.
 - 2) For more information, see C.G.S. section 17a-506 (c).
 - 3) Type or print the form in ink. Use a separate sheet, or Second Sheet, PC-180, if more space is needed.

Probate Court Name

District Number

In the Matter of (Name and present address)

Date of Examination

Hereinafter referred to as the patient.

Psychiatrist (Name and address)

Date of Psychiatrist's Appointment

Connecticut Medical License No.

Does the patient have psychiatric disabilities? Yes No

Was the patient capable of giving informed consent to voluntary admission to a hospital for psychiatric disabilities? Give the reasons for your opinion.

CONFIDENTIAL

Probate Court Name

District Number

In the Matter of (Name and present address)

Date of Examination

Hereinafter referred to as the patient.

I represent that:

I am a psychiatrist licensed to practice medicine in the state of Connecticut and have been practicing medicine for at least one year.

I am not connected to the hospital for psychiatric disabilities to which the patient was voluntarily admitted. I am not related by blood or marriage to either the petitioner or the patient.

I personally examined the patient within 10 business days after my appointment.

The representations made in this report are made under the penalty of false statement.

Signature of Psychiatrist

Type or Print Name

Date
