

CONFIDENTIAL

RECEIVED:



- Instructions:**
- 1) A physician may be requested to complete this form in connection with an involuntary proceeding for the appointment of a conservator of the person or estate, or review of a conservatorship previously established by the Probate Court.
  - 2) The named physician must be licensed to practice medicine in Connecticut and must have personally examined the patient on the Date of Examination listed below.
  - 3) Type or print in ink. Use an additional sheet, or PC-180, if more space is needed.

**Probate Court Name**

**District Number**

**Patient**

**Date of Examination**

**Place of Examination**

**Physician** (Name, address and telephone number)

**Connecticut Medical License No.**

Practicing Psychiatrist

Yes

No

Professional relationship to patient:

Consultation/Evaluation

Treating Physician

If you are a treating physician, how long have you treated this patient?

**1. Capacity**

Is the patient's capacity to make financial decisions impaired?

Yes

No

Is the patient's capacity to make personal decisions impaired?

Yes

No

If the answer to either question is yes, please complete all sections below. Please give specific examples of recent history known to you that contribute to your answers below. If more space is required, use additional sheets.

CONFIDENTIAL

In the Matter of

1a. In my opinion, the patient has: (Check all that apply.)

mental illness

cognitive deficiency

physical illness or physical disability

addiction

other (specify)

that results in the patient being unable to receive or evaluate information or make or communicate decisions about the patient's personal or financial affairs as indicated above.

1b. Describe the patient's current status or symptoms stemming from this condition.

1c. What is the current medical diagnosis?

1d. Is the current condition transitory or permanent in nature?

Explain.

1e. Does the illness or condition affect the patient's ability to seek or obtain medical care?

If yes, give specific examples.

Yes

No

1f. Does the illness or condition affect the patient's ability to secure and maintain a safe living environment?

If yes, give specific examples.

Yes

No

1g. Does the illness or condition affect the patient's ability to independently manage financial affairs?

If yes, give specific examples.

Yes

No

1h. Does the illness or condition raise safety concerns, including the patient's ability to seek protection from physical abuse or financial exploitation?

If yes, give specific examples.

Yes

No

---

CONFIDENTIAL

---

In the Matter of

---

**2. Medications**

---

2a. List all medications prescribed.

---

Is the patient capable of managing his/her medications?	Yes	No
---	-----	----

---

2b. Do any of these medications affect mental functioning?	Yes	No	Uncertain
--	-----	----	-----------

---

If yes, give specific examples.

---

**3. Treatments and Interventions**

---

3a. Does the patient require hospitalization or additional medical treatment or intervention?	Yes	No
---	-----	----

---

If yes, explain.

---

3b. Is the patient capable of weighing the benefits and risks of the medical treatment or other alternative interventions recommended in 3a. above?	Yes	No
---	-----	----

---

If yes, explain.

---

**4. Additional information**

Include any other relevant information you believe should be presented to the court.

---

CONFIDENTIAL

---

In the Matter of

---

**5. Review of conservatorship**

---

If this form was requested in conjunction with a review of the conservatorship under C.G.S. section 45a-660, please also complete this section.

In my opinion, the conservatorship should be            continued            modified            terminated.

Specify your reasons for your opinion. If more space is required, use additional sheets.

---

I hereby certify that:

I am a physician licensed to practice medicine in the state of Connecticut.

I personally examined the respondent on the above-referenced date.

---

Signature of Examining Physician

---

Type or Print Name

---

Date

---