

IN THE _____ COURT FOR _____ COUNTY, TENNESSEE

IN RE CONSERVATORSHIP OF)

_____,)

RESPONDENT.)

Case No. _____

REPORT OF PHYSICIAN

In accordance with *Tennessee Code Annotated* § 34-3-105, the following report of Respondent is made by _____ (Please print name).

Note: Exam must be performed and this report completed by a physician or psychologist, NOT a nurse practitioner.

1. Are you duly licensed to practice in Tennessee? Yes No

2. Have you made a personal examination of Respondent within the last 60 days?

Yes No If Yes, when? _____

3. Briefly describe the medical history of Respondent.

4. What is the nature of Respondent's disability or disabilities? Please be specific with diagnoses.

5. Please indicate your evaluation of Respondent in the following areas.
Please check a box in *each* category.

	EXCELLENT	GOOD	FAIR	POOR	CHRONIC	N/A
Mental Condition						
Physical Condition						
Social Condition						
Educational Condition						
Adaptive Behavior						
Social Skills						
Impact of current living conditions on his disability						

If you marked "poor" or "chronic" in any of the categories above, please provide a brief rationalization for this opinion and how it impacts Respondent's daily living.

6. Do you feel that Respondent is in need of a Conservator or Guardian to act on his/her behalf
 Yes No

7. Indicate the type and scope of Conservatorship or Guardianship that you feel Respondent needs by marking *all* applicable boxes below:

- Conservator or Guardian for his/her physical well-being
- Conservator or Guardian to handle his/her financial affairs
- Conservator or Guardian to consent to medical treatment
- Conservator or Guardian to consent to relocation
- No Conservator or Guardian is needed

8. Please indicate your recommendation as to the most appropriate rehabilitation plan. Check all appropriate answers.

- Physical therapy
- Occupational therapy
- Speech therapy
- Bed rest
- Continued medical treatment
- No rehabilitation plan is feasible
- No rehabilitation plan is necessary

9. Is Respondent currently taking any medication? Yes No

10. If the response to Question 9 is "Yes", please state the type of medication and the usual dosage:

11. Please indicate how the medication of Respondent will affect the following:

Please check the appropriate response in each category.

	NO AFFECT	WILL AFFECT	WILL IMPAIR	CANNOT DETERMINE
Mental Condition				
Physical Condition				
Educational Behavior				
Adaptive Behavior				
Social Skills				

12. Comments or Remarks: _____

Physician/
 Psychologist _____
SIGNATURE

PLEASE PRINT NAME

Address: _____

Phone: _____

Date: _____, 20____.

STATE OF TENNESSE)
)
 COUNTY OF _____)

Sworn to and subscribed before me on this the ____ day of _____, 20____.

 Notary Public

My Commission Expires: _____ (SEAL)