# In the Circuit Court of Davidson County, Tennessee
# (Probate Division)

**IN THE MATTER OF:**

______________________________________ Docket No. ___________________________
Respondent

## REPORT OF PHYSICIAN

**In accordance with *T.C.A. §34-3-105*, the following report is made by Dr.** __________________________________

1. **Are you duly licensed to practice in Tennessee?** ☐ **YES** ☐ **NO**

2. **Have you made a personal physical and mental examination of Respondent,** ______________________________ **whose D/O/B is:** ____________________**?** ☐ **YES**…... **(DATE / required):** _____________________ ☐ **NO**

3. **What is the medical history of Respondent?**

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

4. **What is the nature of his/her disability or disabilities?**

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

5. **Please indicate your evaluation of Respondent in the following areas (*check one 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/her Disability | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

6. **Do you feel that Respondent is in need of a Conservator or Guardian to act on his/her behalf as a Fiduciary?**
   ☐ **YES** ☐ **NO**

7. **Indicate the type and scope of Conservatorship or Guardianship that you feel Respondent needs (*check all that apply*):**
   - ☐ **Fiduciary for his/her physical well being**
   - ☐ **Fiduciary to handle his/her financial affairs**
   - ☐ **Fiduciary to consent to medical treatment**
   - ☐ **Fiduciary to consent to relocation**
   - ☐ **No Fiduciary needed**

8. **Please indicate your recommendation as to the most appropriate rehabilitation plan (*check all appropriate answers*):**
   - ☐ **Physical Therapy**
   - ☐ **Bed Rest**
   - ☐ **Continued Medical Treatment**
   - ☐ **No Rehabilitation Plan Feasible**

9. **Is the Respondent currently taking any medication? YES ☐ NO ☐**

10. **If answer to #9 above is *YES*, please state the type(s) of medication and the usual dosage:**

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

11. **Please indicate how Respondent's medication will affect the following (*check appropriate response in each category*):**

| | No Affect | Will Affect | Will Impair | Cannot Determine |
|---|---|---|---|---|
| **Mental Condition** | ☐ | ☐ | ☐ | ☐ |
| **Physical Condition** | ☐ | ☐ | ☐ | ☐ |
| **Educational Behavior** | ☐ | ☐ | ☐ | ☐ |
| **Adaptive Behavior** | ☐ | ☐ | ☐ | ☐ |
| **Social Skills** | ☐ | ☐ | ☐ | ☐ |

**PHYSICIAN:** ______________________________________________
*(SIGNATURE)*

**ADDRESS:** ______________________________________________

______________________________________________

**DATE:** ________________________________, **20**__________

| | | |
|---|---|---|
| ________________________________<br>***Signature***<br><br>State of ______________________<br>County of ____________________<br><br>Sworn to and subscribed before me, this ____________<br>day of _________________________, 20________.<br><br>________________________________<br>Notary Public / Deputy Clerk<br>My Commission Expires:____________________ | **OR** | I certify under penalty of perjury that the foregoing is true and correct.<br><br>________________________________<br>***Signature*** |