

In Re

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

**MEDICAL EVALUATION REPORT [37.2-1005]**

TO: HEALTH PROFESSIONALS INVOLVED IN TREATMENT OF THE ABOVE:

The Circuit Court is being asked to consider appointment of a Guardian and/or a Conservator of the above individual. Virginia law (§37.2-1005) requires that the Court have a Medical Evaluation, and gives civil immunity for providing confidential patient information in good faith.

Please respond to the following questions regarding the medical condition of the above named patient, *“to a reasonable degree of medical certainty”*. You may do so on this form or in a narrative on your letterhead which addresses the various questions. Responses should be legible and, where needed, give some detail in answer to the questions. Please **do not** use abbreviations or medical shorthand, as this form will be filed with the Court and considered as evidence. Use the back for additional comments if needed.

*This information will be kept confidential and will not be released to any third parties except as incident to a proceeding to appoint a guardian or conservator pursuant to Virginia law. See HIPAA [45 CFR 164.512(e)] for the authority of a covered entity to disclose protected health information without the written authorization of the affected individual.*

1. State <b>your</b> full <b>name</b> , business <b>address</b> and <b>office telephone</b> number
2. State your <b>Professional License</b> , <b>Medical training</b> [School, degree, year of graduation]; Any <b>specialty certifications</b> (“Boards”) you hold.
3. <b>How long</b> have you known the patient? When did you <b>last see</b> the patient and obtain the information to complete this evaluation?

4.	What is the patient's <b>diagnosis</b> ?				
5.	<b>What medication(s)</b> does the patient receive that <b>affect</b> the patient's <b>functioning</b> ?				
6.	<p><i>(Circle One, please comment on amount of assistance needed if any)</i>  Describe the <b>physical condition</b> and <b>functional impairments</b> of the patient, including:</p> <p>a) Describe the patient's mobility:      Ambulatory   Cane   Walker   Wheelchair   Bedridden</p> <p>b) Can the patient live independently?    YES    NO</p> <p>c) Can the patient handle the following <b>Activities of Daily Living (ADL's)</b> <u>without</u> assistance?</p> <p style="padding-left: 20px;">• Eating      YES   NO      • Dressing? YES   NO      • Bathing   YES   NO</p>				
7.	<p>Considering the <b>Mental Condition and functional impairments</b> of the patient, in <i>(Circle one; please explain as appropriate)</i> your Medical Opinion/Observation:</p>				
a)	<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">Is the patient <b>Oriented to current surroundings</b>?</td> <td style="width: 10%;">YES</td> <td style="width: 35%;">SOMEWHAT <i>(describe)</i></td> <td style="width: 20%;">NO</td> </tr> </table>	Is the patient <b>Oriented to current surroundings</b> ?	YES	SOMEWHAT <i>(describe)</i>	NO
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b)	<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">Does patient know their <b>immediate family</b> and <b>descendants</b>?</td> <td style="width: 10%;">YES</td> <td style="width: 35%;">SOMEWHAT <i>(describe)</i></td> <td style="width: 20%;">NO</td> </tr> </table>	Does patient know their <b>immediate family</b> and <b>descendants</b> ?	YES	SOMEWHAT <i>(describe)</i>	NO
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c)	<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">Does the patient Comprehend the <b>nature</b> and <b>extent</b> of their <b>Assets</b> and <b>liabilities</b>?</td> <td style="width: 10%;">YES</td> <td style="width: 35%;">SOMEWHAT <i>(describe)</i></td> <td style="width: 20%;">NO</td> </tr> </table>	Does the patient Comprehend the <b>nature</b> and <b>extent</b> of their <b>Assets</b> and <b>liabilities</b> ?	YES	SOMEWHAT <i>(describe)</i>	NO
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d)	<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">Is the patient able to <b>interact meaningfully</b> with others?</td> <td style="width: 10%;">YES</td> <td style="width: 35%;">SOMEWHAT <i>(describe)</i></td> <td style="width: 20%;">NO</td> </tr> </table>	Is the patient able to <b>interact meaningfully</b> with others?	YES	SOMEWHAT <i>(describe)</i>	NO
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e) Does Patient have <b>capacity to make appropriate decisions</b> about their health, care, safety or therapeutic needs?	YES	SOMEWHAT <i>(describe)</i>	NO
f) Can the patient manage <b>Property or Financial Affairs</b> ?	YES <i>(describe)</i>	SOMEWHAT <i>(describe)</i>	NO
8. In your <b>medical opinion</b> , does the patient require someone to assist in			
a) Managing Property or Financial affairs	YES	SOME <i>(describe)</i>	NO
b) Activities of Daily Living (ADL's)	YES	SOME <i>(describe)</i>	NO
9. How much can the patient participate in:			
a) Managing property or Financial Affairs	FULLY	SOME <i>(describe)</i>	NOT-AT-ALL
b) Activities of Daily Living (ADL's)	FULLY	SOME <i>(describe)</i>	NOT-AT-ALL
10. Is it likely the condition of the patient may improve? If improvement is <u>likely</u> , when can the patient can resume ADLs unassisted?			
	UNLIKELY;	DOUBTFUL	POSSIBLE
	LIKELY <i>(When? -&gt;):</i>		
11. Have any <b>tests</b> been conducted which would indicate the patient's mental or physical ability? If so, please summarize the results. <i>(use back if needed)</i>			
12. Is the patient <b>competent to Drive</b> ?			
	YES	NO	<i>(Comments)</i>
13. Please provide any <b>further comments</b> or information regarding this patient that may be useful to the Court in considering the appointment of a guardian or conservator. <i>(Use the back or additional paper if needed)</i>			

Date: \_\_\_\_\_

Signature: \_\_\_\_\_