

**CAPACITY ASSESSMENT**

DATE: \_\_\_\_\_

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

PHYSICIAN ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

Judge \_\_\_\_\_

Probate Court \_\_\_\_

\_\_\_\_\_

Address, City, Zip

RE: Guardianship of \_\_\_\_\_

Cause No. \_\_\_\_\_

Your Honor:

I am a physician currently licensed in the State of Texas. I have been the doctor for the Proposed Ward since \_\_\_\_\_, 2\_\_\_\_. I examined the Proposed Ward on \_\_\_\_\_, 2\_\_\_\_. Based upon that examination and my observations, it is my opinion that Mr./Mrs. \_\_\_\_\_ incapacity is described in my answers to the following questions:

1. What is the general nature and degree of the incapacity?
  
  
  
  
  
  
  
  
  
  
2. What is the Proposed Ward's medical history as it is related to the incapacity?
  
  
  
  
  
  
  
  
  
  
3. What is the prognosis, including the estimated severity, of the capacity?

4. How and in what manner does the Proposed Ward's physical and mental health affect the Proposed Ward's ability to make or communicate responsible decisions concerning himself or herself?
  
5. Does any current medication affect the demeanor of the Proposed Ward? \_\_\_\_\_ (YES/NO) Would this medication affect the Proposed Ward's ability to participate fully in Court proceedings? \_\_\_\_\_(YES/NO) Please describe these medications.
  
6. Is senility a diagnosis of the Proposed Ward's incapacity? \_\_\_\_\_(YES/NO) If so, please describe the precise physical and mental conditions underlying this diagnosis.
  
7. Is mental retardation the basis of the Proposed Ward's incapacity? \_\_\_\_\_ (YES/NO)  
  
If yes, was the examination conducted according to the rules adopted by the Texas Department of Mental Health and Mental Retardation? \_\_\_\_\_(YES/NO)
  
8. Is the Proposed Ward capable of operating a motor vehicle? \_\_\_\_\_(YES/NO)
  
9. Is the Proposed Ward capable of making an informed decision concerning matters decided by a public vote? \_\_\_\_\_(YES/NO)

10. It is my opinion that the Proposed ward is **incapable** of personally handling or making decisions concerning the following matters which are marked **NO** below, and that the Proposed Ward is **capable** of personally handling and making decisions concerning the following matters which are marked **YES** below:

- \_\_\_\_\_ a. to handle a bank account; if YES, should the Court limit the amount in such account?  
\_\_\_\_\_
- \_\_\_\_\_ b. to contract and incur obligations.
- \_\_\_\_\_ c. to collect and file suit on debts, rentals, wages and other claims due Proposed Ward.
- \_\_\_\_\_ d. to pay, compromise and defend claims against the Proposed Ward.
- \_\_\_\_\_ e. to apply for or consent to governmental sources.
- \_\_\_\_\_ f. to apply for and to receive funds from governmental sources.
- \_\_\_\_\_ g. to enroll in public or private residential care facilities.
- \_\_\_\_\_ h. to make employment decisions.
- \_\_\_\_\_ i. To apply for psychological and psychiatric tests and evaluations.
- \_\_\_\_\_ j. to consent to medical and dental treatment and testing.
- \_\_\_\_\_ k. to consent to disclosure of psychological and medical records.
- \_\_\_\_\_ l. to make decisions related to military service.
- \_\_\_\_\_ m. to enter into insurance contracts of every nature.
- \_\_\_\_\_ n. other \_\_\_\_\_
- \_\_\_\_\_ o. other \_\_\_\_\_

**THEREFORE**, it is my opinion that the Proposed Ward is incapacitated as stated in this letter and that a guardian should be appointed and granted the powers necessary to act on the Proposed Ward's behalf and to make decisions for the Proposed Ward concerning the matters which are marked **NO** above.

**FURTHERMORE**, (answer **YES** to one of the following):

- \_\_\_\_\_ by responding to **NO** to all of the matters listed above, it is my opinion that the Proposed Ward is totally without capacity.
- \_\_\_\_\_ by responding both **YES** and **NO** to the matters listed above, it is my opinion that the Proposed Ward is partially incapacitated.
- \_\_\_\_\_ by responding **YES** to the matters listed above, it is my opinion that the Proposed/Current Ward is not/no longer incapacitated.

11. I believe that the Court should also be aware of the attached additional information, if any which concerns the Proposed Ward and which is not included above, but which may be of interest to the Court.

Sincerely,

\_\_\_\_\_  
(Physician Name), M.D.

