

**Medical Affidavit
of**

_____, M.D.

STATE OF MISSOURI)
) SS.
COUNTY OF BOONE)

RE: Mental and Physical Condition of _____

Dr. _____, of lawful age, being first duly sworn according to law, deposes and makes answer to the following questions:

1. Will you please state your name, age and residence?

ANSWER:

2. What is your occupation, business or profession?

ANSWER:

3. Are you a graduate of medical school? If so, please state its name and the year you graduated.

ANSWER:

4. Are you licensed to practice medicine in the State of Missouri?

ANSWER:

5. If, in your practice you specialize in some particular field, please specify the same.

ANSWER:

6. Where are you employed and in what capacity?

ANSWER:

7. Are your duties as a physician such as will prevent your attendance in Court as a witness in this procedure?

ANSWER:

8. Are you acquainted with _____?

ANSWER:

9. Is he/she your patient? If so, please state by number of years the length of the doctor-patient relationship.

ANSWER:

10. Have you had occasion to observe, examine and treat him/her?

ANSWER:

11. What were the dates of your examinations, or between what dates has this patient been under your observation?

ANSWER:

12. State the last date that this patient was examined by you.

ANSWER:

13. Based upon your examination and observation of this patient, please state the medical psychiatric diagnosis which you made regarding this patient, if any.

ANSWER:

14. Please give your mental status evaluation of this patient, including his/her general appearance, speech, mood, affect, orientation, attention and concentration, memory, abstraction, insight, and judgment, as well as any disorders of thought, perception, hallucinations, delusions or other misinterpretations.

ANSWER:

15. Is the Respondent mentally capable of attending the court hearing on the Petition for Appointment of Guardian and or Conservator? If you answer to this questions is no, please state the basis for your negative response.

ANSWER:

16. Is the Respondent physically capable of attending the court hearing on the Petition for Appointment of Guardian and/or Conservator? If your answer to this question is no, please state the basis for your negative response.

ANSWER:

17. What is your prognosis as to this patient's condition?

ANSWER:

18. Do you consider this patient to be a person who is capable of managing his/her affairs?

ANSWER:

19. Do you consider this patient to be a person who is capable of caring for himself/herself?

ANSWER:

20. Do you consider it to be in this patient's best interest for a guardian to be appointed to protect this person.

ANSWER:

21. Do you consider it to be this patient's best interest for a conservator to be appointed to manage and protect his/her financial affairs?

ANSWER:

22. If you consider the appointment of a guardian and/or conservator to be appropriate for this patient, is it your opinion the need for a guardian and/or conservator is based on a physical condition, a mental condition, or both?

ANSWER:

23. What is your opinion regarding the least restrict living environment for this person? (e.g. living independently in residence, ISL ~requires Level 2 Screening~, residential care facility, assisted living facility, intermediate care facility, skilled facility, forensic facility)

ANSWER:

(SIGNED) _____

Dr. _____

STATE OF MISSOURI)
) SS.
COUNTY OF BOONE)

On this _____ day of _____, 20____, before me appeared
Dr. _____, to me personally known, and first being duly sworn,
acknowledged that he/she executed the foregoing instrument as his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal
in the County and State aforesaid, on the day and year first above written.

Notary Public:

My commission expires: