Model Clinical Evaluation Report

State of County of	In the XXX Court of Justice XXX Division File No.
In the Matter of:	THIS SECTION TO BE COMPLETED BY THE COURT
Definition of Incapacity in the State of ___:	

See 💻 for instructions.
Note, text boxes appear in online form and will expand to size of text.

1. PHYSICAL AND MENTAL CONDITIONS

A. List Physical Diagnoses:

Overall Physical Health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

B. List Mental (DSM) Diagnoses:

Overall Mental Health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Overall Mental Health will: ☐ Improve ☐ Be stable ☐ Decline ☐ Uncertain

If improvement is possible, the individual should be re-evaluated in _____ weeks.

Focusing on the mental diagnose(s) most impacting functioning, describe relevant history:

C. List all Medications:

Name Dosage/Schedule

These medications may impair mental functioning: ☐ Yes ☐ No ☐ Uncertain

D. Reversible Causes. Have temporary or reversible causes of mental impairment been evaluated and treated? ☐ Yes ☐ No ☐ Uncertain

Explain:

E. Mitigating Factors. Are there mitigating factors (e.g., hearing, vision or speech impairment, bereavement, etc.) that cause the person to appear incapacitated and could improve with time, treatment, or assistive devices?

☐ Yes ☐ No ☐ Uncertain

Explain:

2. COGNITIVE AND EMOTIONAL FUNCTIONING Describe below or ☐ in Attachment the individual's strengths and weaknesses.

A. Alertness/Level of Consciousness
Overall Impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Non Responsive
Describe:

B. Memory and Cognitive Functioning
Overall Impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe
Describe below or ☐ in Attachment

C. Emotional and Psychiatric Functioning
Overall Impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe
Describe below or ☐ in Attachment

D. Fluctuation. Symptoms vary in frequency, severity, or duration: ☐ Yes ☐ No ☐ Uncertain

3. EVERYDAY FUNCTIONING. Describe below or ☐ in Attachment the individual's strengths and weaknesses.

A. Activities of Daily Living (ADL'S)
Ability to Care for Self (bathing, grooming, dressing, walking, toileting, etc.)
Level of Function: ☐ Independent ☐ Needs Support ☐ Needs Assistance ☐ Total Care
Describe:

B. Instrumental Activities of Daily Living (IADL'S)
Financial Decision-Making (bills, donations, investments, real estate, wills, protect assets, resist fraud, etc.)
Level of Function: ☐ Independent ☐ Needs Support ☐ Needs Assistance ☐ Total Care
Describe:

Medical Decision-Making (express a choice and understand, appreciate, reason about health info, etc.)
Level of Function: ☐ Independent ☐ Needs Support ☐ Needs Assistance ☐ Total Care
Describe:

Care of Home and Functioning in Community (manage home, health, telephone, mail, drive, leisure, etc.)
Level of Function: ☐ Independent ☐ Needs Support ☐ Needs Assistance ☐ Total Care
Describe:

Other Relevant Civil, Legal, or Safety Matters (sign documents, vote, retain legal counsel, etc.)
Level of Function: ☐ Independent ☐ Needs Support ☐ Needs Assistance ☐ Total Care
Describe:

4. VALUES AND PREFERENCES. Describe below or ☐ in Attachment relevant values, preferences, and patterns. Note whether the person accepts/opposes guardianship, goals for where/how life is lived, religious or cultural considerations.

5. RISK OF HARM AND LEVEL OF SUPERVISION NEEDED

A. Nature of Risks. Describe the significant risks facing this person, and note whether these risks are due to this person's condition and/or due to another person harming or exploiting him or her.

B. Social Factors. Describe the social factors (persons, supports, environment) that decrease the risk or that increase the risk.

C. How **severe** is risk of harm to self or others: ☐ Mild ☐ Moderate ☐ Severe

D. How **likely** is it ☐ Almost Certain ☐ Probable ☐ Possible ☐ Unlikely

E. Level of Supervision Needed. In your clinical opinion:
☐ Locked facility ☐ 24-hr supervision ☐ Some supervision ☐ No supervision

Needs could be met by: ☐ Limited Guardianship ☐ Less Restrictive Alternative
If checked, Explain:

6. TREATMENTS AND HOUSING. The individual would benefit from:

Education, training, or rehabilitation	☐ Yes	☐ No	☐ Uncertain
Mental health treatment	☐ Yes	☐ No	☐ Uncertain
Occupational, physical, or other therapy	☐ Yes	☐ No	☐ Uncertain
Home and/or social services	☐ Yes	☐ No	☐ Uncertain
Assistive devices or accommodations	☐ Yes	☐ No	☐ Uncertain
Medical treatment, operation or procedure	☐ Yes	☐ No	☐ Uncertain
Other: _____	☐ Yes	☐ No	☐ Uncertain

Describe any specific recommendations:

7. ATTENDANCE AT HEARING

The individual can attend the hearing ☐ Yes ☐ No ☐ Uncertain

If no, what are the supporting facts:

If yes, how much will the person understand and what accommodations are necessary to facilitate participation:

8. CERTIFICATIONS

I am a ☐ Physician ☐ Psychologist ☐ Other _____ licensed to practice in the state of _____

Office Address:

Office Phone:

This form was completed based on:
☐ an examination for the purpose of capacity assessment
☐ my general clinical knowledge of this patient

Prior to the examination, I informed the patient that communications would **not** be privileged:
☐ Yes
☐ No

Date of this examination or the date you last saw the patient:

Time spent in examination:

Other sources of information for this examination:
☐ Review of medical record
☐ Discussion with health care professionals involved in the individual's care
☐ Discussion with family or friends
☐ Other

List any tests which bear upon the issue of incapacity and date of tests:

I hereby certify that this report is complete and accurate to the best of my information and belief. I further testify that I am qualified to testify regarding the specific functional capacities addressed in this report, and I am prepared to present a statement of my qualifications to the Court by written affidavit or personal appearance if directed to do so.

SIGNATURE of CLINICIAN DATE

Print name License type, number, and date

Supplemental Attachment/Links for Clinical Evaluation Report

These rating categories MAY be used in more complex cases when more detail is DESIRED by the clinician or court.

Cognitive Functioning

1. Sensory Acuity (detection of visual, auditory, tactile stimuli)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

2. Motor Activity and Skills (active, agitated, slowed; gross and fine motor skills)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

3. Attention (attend to a stimulus; concentrate on a stimulus over brief time periods)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

4. Working memory (attend to verbal or visual material over short time periods; hold ≥ 2 ideas in mind)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

5. Short term/recent memory and Learning (ability to encode, store, and retrieve information)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

6. Long term memory (remember information from the past)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

7. Understanding ("receptive language"; comprehend written, spoken, or visual information)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

8. Communication ("expressive language"; express self in words, writing, signs; indicate choices)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

9. Arithmetic (understand basic quantities; make simple calculations)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

10. Verbal Reasoning (compare two choices and to reason logically about outcomes)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

11. Visual-Spatial and Visuo-Constructional Reasoning (visual-spatial perception, visual problem solving)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

12. Executive Functioning (plan for the future, demonstrate judgment, inhibit inappropriate responses)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

Emotional and Psychiatric Functioning

1. Disorganized Thinking (rambling thoughts, nonsensical, incoherent thinking)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

2. Hallucinations (seeing, hearing, smelling things that are not there)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

3. Delusions (extreme suspiciousness; believing things that are not true against reason or evidence)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

4. Anxiety (uncontrollable worry, fear, thoughts, or behaviors)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

5. Mania (very high mood, disinhibition, sleeplessness, high energy)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

6. Depressed Mood (sad or irritable mood)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

7. Insight (ability to acknowledge illness and accept help)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

8. Impulsivity (acting without considering the consequences of behavior)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

9. Noncompliance (refuses to accept help)
Level of impairment: ☐ None ☐ Mild ☐ Moderate ☐ Severe ☐ Not eval.
Describe:

Everyday Functioning

1. Independent	2. Needs Support	3. Needs Assistance	4. Total Care	
				Care of Self (Activities of Daily Living (ADL's)) and related activities
☐	☐	☐	☐	Maintain adequate hygiene, including bathing, dressing, toileting, dental
☐	☐	☐	☐	Prepare meals and eat for adequate nutrition
☐	☐	☐	☐	Identify abuse or neglect and protect self from harm
☐	☐	☐	☐	Other:
				Financial (If appropriate note dollar limits)
☐	☐	☐	☐	Protect and spend small amounts of cash
☐	☐	☐	☐	Manage and use checks
☐	☐	☐	☐	Give gifts and donations
☐	☐	☐	☐	Make or modify will
☐	☐	☐	☐	Buy or sell real property
☐	☐	☐	☐	Deposit, withdraw, dispose, invest monetary assets
☐	☐	☐	☐	Establish and use credit
☐	☐	☐	☐	Pay, settle, prosecute, or contest any claim
☐	☐	☐	☐	Enter into a contract, financial commitment, or lease arrangement
☐	☐	☐	☐	Continue or participate in the operation of a business
☐	☐	☐	☐	Employ persons to advise or assist him/her
☐	☐	☐	☐	Resist exploitation, coercion, undue influence
☐	☐	☐	☐	Other:
				Medical
☐	☐	☐	☐	Give/ Withhold medical consent
☐	☐	☐	☐	Admit self to health facility
☐	☐	☐	☐	Choose and direct caregivers
☐	☐	☐	☐	Make or change an advance directive
☐	☐	☐	☐	Manage medications
☐	☐	☐	☐	Contact help if ill or in medical emergency
☐	☐	☐	☐	Other:
				Home and Community Life
☐	☐	☐	☐	Choose/establish abode
☐	☐	☐	☐	Maintain reasonably safe and clean shelter
☐	☐	☐	☐	Be left alone without danger
☐	☐	☐	☐	Drive or use public transportation
☐	☐	☐	☐	Make and communicate choices about roommates
☐	☐	☐	☐	Initiate and follow a schedule of daily and leisure activities
☐	☐	☐	☐	Travel
☐	☐	☐	☐	Establish and maintain personal relationships with friends, relatives, co-workers
☐	☐	☐	☐	Determine his or her degree of participation in religious activities
☐	☐	☐	☐	Use telephone
☐	☐	☐	☐	Use mail
☐	☐	☐	☐	Avoid environmental dangers such as stove, poisons, and obtain emergency help
☐	☐	☐	☐	Other:
				Civil or Legal
☐	☐	☐	☐	Retain legal counsel
☐	☐	☐	☐	Vote
☐	☐	☐	☐	Make decisions about legal documents
☐	☐	☐	☐	Other:

Values

1. **Values about guardianship**
   Does the person want a guardian?

   If yes, who does the person want to be guardian?

2. **Preferences for how decisions are made**
   Does the individual prefer that decisions be made alone or with others?

3. **Preferences for habitation**
   Where does the person want to live?

   What is important in a home environment?

4. **Goals and Quality of Life**
   What makes life good or meaningful for an individual?

   What have been the individual's most valued relationships and activities?

5. **Concerns, Values, Religious Views**
   What over-arching concerns drive decisions—e.g., concern for the well-being of family, concern for preserving finances, worries about pain, concern for maintaining privacy, desire to be near family, living as long as possible, etc.?

   Are there important religious beliefs or cultural traditions?

   What are the individual's strong likes, dislikes, hopes, and fears?