

Saginaw Chippewa Indian Tribe
6954 E Broadway
Mt Pleasant MI 48858
(989) 775-4800

**REPORT OF PHYSICIAN/
MENTAL HEALTH PROFESSIONAL OF
ALLEGED INCAPACITATED INDIVIDUAL**

FILE NO.

In the matter of _____, alleged incapacitated individual

1. I have been appointed by the court as an examining physician. mental health professional.

2. I report to the court as follows:

a. A detailed description of the physical and/or psychological infirmities of the individual:

b. Explanation of how and to what extent any infirmities interfere with the ability of the individual to receive or evaluate information in making decisions:

c. Listing of all medications the person is receiving, the dosage of the medication, and a description of the effects each medication has upon the individual's behavior.

1) _____

2) _____

3) _____

4) _____

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

d. Prognosis for improvement in the individual's condition and recommendation for the most appropriate rehabilitation plan:

e. This report was based on evaluations performed by the following persons who have signed this report.

1)	_____	_____	_____
	Name (type or print)	Title	Signature
2)	_____	_____	_____
	Name (type or print)	Title	Signature
3)	_____	_____	_____
	Name (type or print)	Title	Signature

f. Additional observations: _____

3. I recommend:

Date

Signature

Name (type or print)

Address

City, state, zip

Telephone no.