

IN THE PROBATE DIVISION, CIRCUIT COURT, JEFFERSON COUNTY, MISSOURI

In the Matter of:

Estate Number: _____

A Person Alleged to be Incapacitated and Disabled

PHYSICIAN'S ANSWERS TO INTERROGATORIES

COMES NOW, Dr. _____, and for his/her Answers to

Petitioner's First Interrogatories, states to the Court as follows:

INTERROGATORY NO. 1: Please state your full name, and give a brief narrative summary of your education, qualifications, licensure and experience in the practice of medicine as a physician.

ANSWER:

Education:

Qualifications, Licensure:

Experience:

INTERROGATORY NO. 2: Please state whether or not respondent has ever been your patient, and if so please specify the following:

A. Date of First Examination: _____

B. Date of Last Examination: _____

C. Diagnosis and Prognosis of Patient's Present Physical, Mental and Cognitive Condition (if possible, please include DSM-5 Rev. axes and diagnoses):

ANSWER:

INTERROGATORY NO. 3: Please state what medications are currently being prescribed for respondent.

ANSWER:

INTERROGATORY NO. 4: Based on your stated qualifications and personal examination, please state your medical opinion of the following:

A. Is the respondent an incapacitated person in that he or she is unable to receive and evaluate information or to communicate decisions to such an extent that he or she lacks the capacity to meet the essential requirements for food, clothing, shelter, safety or other care such that serious physical injury, illness or disease is likely to occur?

ANSWER:

If you answer is affirmative, the answer must be "yes" or "yes, the respondent is partially unable..." It is NOT sufficient to say that the person may "benefit" from a guardian; that a guardian would be "helpful," "advisable," or anything similar. The doctor MUST be able, with medical integrity, to say that this person's condition makes the person UNABLE to receive and evaluate information or to communicate decisions to such an extent that he or she lacks capacity to meet essential requirements for food, clothing, shelter, safety or other care such that serious physical injury, illness, or disease is likely to occur. Anything short of that is insufficient.

B. Is the respondent a disabled person in that he or she is unable to receive and evaluate information or to communicate decisions to such an extent that he or she lacks the ability to manage his or her financial resources?

ANSWER:

Again, if your answer is affirmative, the answer must be “yes” or “yes, the respondent is partially unable...” It is NOT sufficient to say that the person may “benefit” from a conservator; that a conservator would be “helpful,” “advisable,” or any other similar word. The doctor MUST be able, with medical integrity, to say that this person’s condition makes the person UNABLE to receive and evaluate information or to communicate decisions to such an extent that he or she lacks capacity to make financial decisions. Anything short of that is insufficient.

If the answer to A and/or B is yes, what physical, mental and/or cognitive condition is the reason for this incapacity and/or disability (if possible, please include DSM-5 Rev. axes and diagnoses)?

ANSWER:

There MUST be a connection between the diagnosis and the incapacity or disability. (For example, dementia, Alzheimer’s type, prevents respondent from being able to remember to take medications on time, or even to remember what medications to take, or even that the person requires any medications.)

INTERROGATORY NO. 5: Does the respondent have the capacity to participate in the voting process?

ANSWER:

INTERROGATORY NO. 6: Does the respondent have the capacity to drive a motor vehicle? Does the respondent have a driver's license?

ANSWER:

INTERROGATORY NO. 7: Does the respondent have the ability to understand and enter into a marriage?

ANSWER:

INTERROGATORY NO. 8: What is the least restrictive alternative (e.g., skilled nursing facility, intermediate care facility, residential care facility I or II, group home, assisted living center, etc.) in which the respondent must presently be restrained in order to prevent the respondent from injuring himself/herself and/or others and to provide him or her with such care, habilitation, and treatment as are appropriate considering his or her physical, mental and cognitive condition?

ANSWER:

I am aware that the information provided herein will be used solely in the course of a judicial proceeding and therefore constitutes an exception to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) under the provisions of 45CFR164.512.

Dr. _____

ACKNOWLEDGMENT

State of Missouri)
) ss
County of _____)

Now on this _____ day of _____, _____, comes Dr. _____,
Being duly sworn and upon oath states that he/she has read and understands all the statements and allegations contained in the foregoing document and that the same are true according to his/her best information, knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

My commission expires: _____