**Examining Physician’s Report**

|  |
| --- |
| ***INSTRUCTIONS*****NOTE:** This report will be used in a legal proceeding to determine if this individual is in need of protective services and involuntary administration of psychotropic medications. Prior to examining this individual, you must inform the individual of his/her rights. Those rights are contained in the statement below and should be read by you to the individual before you begin your examination.Please answer the questions to the best of your ability, to a reasonable degree of professional certainty. Any questions that you cannot answer should be marked “unknown.” Type or print your answers neatly. You may supplement this report with attachments.  |
| ***STATEMENT TO BE READ TO THE INDIVIDUAL PRIOR TO EXAMINATION***I have been asked to give a professional opinion about your need for protective services and involuntary administration of psychotropic medications. Before we begin, I must tell you:* Things you say to me may be used to decide if you need protective services and involuntary administration of psychotropic medications.
* You have the right to refuse to participate in this evaluation, unless a court ordered you to participate.
* You have the right to refuse to speak with me.
* I am required to report to the Court even if you do not speak to me.
* What we discuss is not confidential and may be shared in Court.
 |
| ***Definitions*****Not Competent to Refuse Psychotropic Medication:** As a result of developmental disability, degenerative brain disorder, serious and persistent mental illness or other like incapacities  and after the advantages and disadvantages of psychotropic medications or alternatives to accepting the particular medication have been explained, one of the following is true: 1) The individual is incapable of expressing an understanding of the advantages and disadvantages of accepting treatment and alternatives to accepting treatment. 2) The individual is substantially incapable of applying an understanding of the advantages, disadvantages and alternatives to his/her condition in order to make an informed choice as to whether to accept or refuse psychotropic medications.**Involuntary Administration of Psychotropic Medications**: Mean any 55.14(8)(b)of the following:  1) Placing psychotropic medication in an individual's food or drink with knowledge that the individual protests receipt of the psychotropic medication. 2) Forcibly restraining an individual to enable administration of psychotropic medication.  3) Requiring an individual to take psychotropic medication as a condition of receiving privileges or benefits.55.14(1)(a)3.**Protective Services:** Services that when provided to an individual with developmental disabilities, degenerative brain disorder, serious and persistent mental illness, or other like incapacity, keep the individual safe from abuse, neglect, or misappropriation of property or prevent the individual from experiencing deterioration or from inflicting harm on himself/herself or another individual. |

**(This Instruction Page should NOT be submitted to the Court)**

|  |  |
| --- | --- |
| STATE OF WISCONSIN CIRCUIT COURT COUNTY | For Official Use |
| in the matter of the guardianship of       | **Examining Physician’s Report Regarding Involuntary Administration of Psychotropic Medications**Case No.        |  |
|        Date of Birth |  |  |

I have personal knowledge of this individual.

Name of Examiner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time spent with individual:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Collateral sources used as part of the evaluation:

 Records:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Interviews with others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[55.14(3)(b)](https://docs.legis.wisconsin.gov/document/statutes/55.14%283%29%28b%29)[55.14(3)(c)](https://docs.legis.wisconsin.gov/document/statutes/55.14%283%29%28c%29)[55.14(3)(d)](https://docs.legis.wisconsin.gov/document/statutes/55.14%283%29%28d%29)[55.14(3)(e)](https://docs.legis.wisconsin.gov/document/statutes/55.14%283%29%28e%29)[55.14(3)(e)2.](https://docs.legis.wisconsin.gov/document/statutes/55.14%283%29%28e%292.)

1. A physician has prescribed psychotropic medication for the individual as specified below:

|  |  |
| --- | --- |
| Name of Psychotropic Medication | Condition or Behavior Treated  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

2. The individual’s condition for which psychotropic medication is prescribed is likely to be improved by administration of psychotropic medication and the individual is likely to respond positively to psychotropic medication. The specific conditions or behaviors that are likely to improve are:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I believe this individual is likely to respond positively because\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. As a result of [ ]  developmental disability [ ]  serious and persistent mental illness [ ]  degenerative brain disorder [ ]  other like incapacities (check all that apply), the individual is not competent to refuse psychotropic medication after the advantages and disadvantages of and alternatives to accepting the particular psychotropic medication were explained to the individual and at least one of the following are true: (check all that apply)

 [ ]  The individual is incapable of expressing an understanding of the advantages, disadvantages of accepting treatment and the alternatives to accepting treatment.

 [ ]  The individual is substantially incapable of applying an understanding of the advantages, disadvantages and alternatives to his/her condition in order to make an informed choice as to whether to accept or refuse psychotropic medication.

4. One or more of the following is true: (check and complete all that apply)

 [ ]  a. The individual has refused to take the psychotropic medication voluntarily. The reasons for refusal are

 [ ]  unknown [ ]  as follows:

The individual is administered psychotropic medications in the following way(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The individual is refusing to take psychotropic medications, not just objecting to the method of administering the medications as described above.

Reasonable attempts to administer psychotropic medication voluntarily using appropriate interventions that could reasonably be expected to increase the individual’s willingness to take psychotropic medication voluntarily have been made and have been unsuccessful. **Documentation of these attempts is attached**.

[ ]  b. Attempting to administer psychotropic medications to the individual voluntarily is not feasible for the following specific reasons(s):

[ ]  c. Attempting to administer psychotropic medications voluntarily to the individual is not in the individual’s best interest for the following specific reason(s):

5. Unless psychotropic medication is administered involuntarily, the individual will incur a substantial probability of physical harm, impairment, injury, or debilitation or will present a substantial probability of physical harm to others. The substantial probability of physical harm, impairment, injury, or debilitation is as follows:

[ ]  a. This individual has a history of at least 2 episodes, one of which has occurred within the previous 24 months, that indicate a pattern of overt activity, attempts, threats to act, or omissions that resulted from his/her failure to participate in treatment, including psychotropic medication, and that resulted in a finding of probable cause for commitment under Wis. Stat. §51.20(7), a settlement agreement approved by a court under Wis. Stat. §51.20(8)(bg), or commitment ordered under Wis. Stat. §51.20(13), as follows: See [ ] attached or [ ] below for specifics.

**OR**

[ ]  b. The individual meets at least one of the dangerousness criteria set forth in s. 51.20(1)(a)2.a. to e. as indicated below: (check all that apply and provide specific information regarding this individual)

[ ]  1) Evidences a substantial probability of physical harm to himself or herself as manifested by evidence of recent threats of or attempts at suicide or serious bodily harm.

[ ]  2) [51.20(1)(a)2.b.](https://docs.legis.wisconsin.gov/document/statutes/51.20%281%29%28a%292.b.)Evidences a substantial probability of physical harm to other individuals as manifested by evidence of recent homicidal or other violent behavior, or by evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them, as evidenced by a recent overt act, attempt or threat to do serious physical harm.

[ ]  3) [51.20(1)(a)2.c.](https://docs.legis.wisconsin.gov/document/statutes/51.20%281%29%28a%292.c.)Evidences such impaired judgment, manifested by evidence of a pattern of recent acts or omissions, that there is a substantial probability of physical impairment or injury to himself or herself.

[ ]  4) [51.20(1)(a)2.d.](https://docs.legis.wisconsin.gov/document/statutes/51.20%281%29%28a%292.d.)Evidences behavior manifested by recent acts or omissions that, due to mental illness, he or she is unable to satisfy basic needs for nourishment, medical care, shelter or safety without prompt and adequate treatment so that a substantial probability exists that death, serious physical injury, serious physical debilitation, or serious physical disease will imminently ensue unless the individual receives prompt and adequate treatment for this mental illness.

[ ]  5) [51.20(1)(a)2.e.](https://docs.legis.wisconsin.gov/document/statutes/51.20%281%29%28a%292.e.)For an individual, other than an individual who is alleged to be drug dependent or developmentally disabled, after the advantages and disadvantages of and alternatives to accepting a particular medication or treatment have been explained to him or her and because of mental illness, evidences either incapability of expressing an understanding of the advantages and disadvantages of accepting medication or treatment and the alternatives, or substantial incapability of applying an understanding of the advantages, disadvantages, and alternatives to his or her mental illness in order to make an informed choice as to whether to accept or refuse medication or treatment; and evidences a substantial probability, as demonstrated by both the individual's treatment history and his or her recent acts or omissions, that the individual needs care or treatment to prevent further disability or deterioration and a substantial probability that he or she will, if left untreated, lack services necessary for his or her health or safety and suffer severe mental, emotional, or physical harm that will result in the loss of the individual's ability to function independently in the community or the loss of cognitive or volitional control over his or her thoughts or actions.

 See [ ] attached or [ ] below for specific explanation regarding any of the boxes checked above.

**TO THE COURT:**

I am a Physician licensed to practice in the state of Wisconsin.

This report is made to the Court as part of a proceeding to address the issue of involuntary administration of psychotropic medications and to supplement a petition for protective services. It contains my professional opinion regarding the person’s need for psychotropic medications and the necessity of involuntary administration of psychotropic medications.

I certify that I have, by personal examination and inquiry, satisfied myself as to the current condition of this individual and the result of my evaluation and inquiry will be found in my answers to the above questions, which are true to the best of my knowledge and to a reasonable degree of professional certainty.

|  |  |
| --- | --- |
|   Signature of Physician       Name Printed or Typed       Address      Date |  |
|  |
|  |
|
| Form drafted by the Office of Corporation Counsel – |