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| STATE OF WISCONSIN CIRCUIT COURT COUNTY |  |
| in the matter of the guardianship of       | **Evaluating Physician’s or Psychiatrist’s Report for Electroconvulsive Treatment**Case No.        |  |
|        Date of Birth |  |  |

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| Your Name: | Your Address: |

I have personal knowledge of this individual. Name of individual:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Collateral sources used as part of the evaluation:

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

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

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

Brief relevant social or medical history:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EXAMINATION**

1. A. Prior to beginning my evaluation of this individual, I read him/her the **“STATEMENT TO BE READ TO THE INDIVIDUAL PRIOR TO EXAMINATION”** [ ]  Yes [ ]  No .

[ ]  (b) That my findings might be the basis of authorizing a guardian to give consent for electroconvulsive treatment.

2. The individual’s mental or physical status presents a life threatening condition as summarized below:

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3. The proposed treatment is a lifesaving remedy because it has the following effect:

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4. All reasonable alternatives have been exhausted. The alternatives attempted and failed are as follows:

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5. Electroconvulsive treatment is recommended for the following reasons:

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6. I discussed the treatment with the individual and

[ ]  a. the individual was not competent to understand the advantages and disadvantages of the treatment

[ ]  b. the individual did express comprehension of the treatment and did not express an objection

[ ]  c. the individual did express comprehension of the treatments and expressed an objection

7. I believe electroconvulsive treatment is in the individual’s best interest for the following reason(s):

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**TO THE COURT:**

I am a □ Physician □ Psychiatrist

This report is made to the Court as part of a proceeding to address the use of electroconvulsive treatment. It contains my professional opinion regarding the person’s need for the treatment and its therapeutic value.

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.

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|  |   Signature of Physician/Psychiatrist |
|  |        Name Printed or Typed |
|  |        Address      Date |
|  |  |

[55.14(4)](https://docs.legis.wisconsin.gov/document/statutes/55.14%284%29)

 [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.)Form Drafted by County Corporation Counsel

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| **Examining Physician’s or Psychiatrist Report**

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| ***INSTRUCTIONS*****NOTE:** This report will be used in a legal proceeding to determine if electroconvulsive treatment. will be administered involuntarily to this individual. 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 electroconvulsive treatment. Before we begin, I must tell you:  ● Things you say to me may be used to decide if electroconvulsive treatment. may be administered involuntarily.  ● 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.  |

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| **This Instruction Page should NOT be submitted to the Court** |