IN THE PROBATE DIVISION
CIRCUIT COURT OF ST. LOUIS COUNTY
STATE OF MISSOURI

In the Matter of:

Respondent.

MEDICAL AFFIDAVIT

COMES NOW, _____

on the _____ day of _____, 20____ and states to the Court as follows:

NO. 1: Please state your full name, job title, and employer:

Name:

Title:

Employer:

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:

NO. 3: Please state the medications that are currently prescribed for Respondent:

NO. 4: Please state your medical opinion of the following:

A. Is Respondent 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?

☐ Yes ☐ No ☐ Partially

**If the answer is partially, describe the abilities and challenges of Respondent in receiving, evaluating, and communicating decisions.*

B. Is the Respondent unable to receive and evaluate information or to communicate decisions to such an extent that Respondent lacks the ability to manage Respondent's financial resources?

☐ Yes ☐ No ☐ Partially

**If the answer is partially, describe the abilities and challenges of Respondent in managing financial resources.*

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

YES ☐ NO ☐

NO. 6: Does Respondent have the capacity to drive a motor vehicle?

YES ☐ NO ☐

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

YES ☐ NO ☐

NO. 8: In your medical opinion, what is the least restrictive placement for Respondent?

- ☐ Independent living with assistance
- ☐ Assisted Living Facility/Group Home
- ☐ 24/7 In-home Care or Skilled Nursing Facility
- ☐ Other: _____

NO. 9: Please state any additional information the Court should consider in determining the incapacity and/or disability of Respondent.

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.

The undersigned swear(s) that the matters set forth above are true and correct according to the best knowledge and belief of the undersigned subject to penalty for making a false affidavit or declaration.

_____