

REPORT OF DECISION-MAKING CAPACITIES

Instructions:

- This form must be completed and signed by a doctor (M.D. or D.O.), licensed psychologist, or nurse practitioner (ARNP). A physician’s assistant (PA-C) may complete and sign the form as long as their supervising physician also signs the form.
- Please type or print legibly.
- This document will be submitted as evidence in a court proceeding. The medical professional completing the form may be asked to testify in court regarding this report and may be asked to submit additional information supporting the contents of this report.

RESPONDENT’S NAME: _____ **DOB:** _____

Professional’s name: _____

Practice Area: _____ Licensure/Certification: _____

Assistant/Contact Person: _____

Address: _____ Telephone No: _____

Date care was first provided: _____

Date last examined for the purpose of preparing this report: _____

Diagnosis(es): _____

DECISION-MAKING CAPACITY		
<i>(Please answer the following with “Able” or “Unable”;</i>	ABLE	UNABLE
<p>1. Indicate whether the respondent has decision-making capacity which is so impaired that they are unable <u>to care for their personal safety</u>, without which physical injury or illness may occur; or:</p> <p><i>If “Unable”, please provide explanation and/or attach supporting documentation:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

<i>(Please answer the following with "Able" or "Unable";</i>	ABLE	UNABLE
<p>2. Indicate whether the respondent has decision-making capacity which is so impaired that they are unable <u>to attend to or provide for necessities, such as food, clothing, and shelter</u>, without which physical injury or illness may occur:</p> <p><i>If "Unable", please provide explanation and/or attach supporting documentation:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Indicate whether the respondent has decision-making capacity which is so impaired that they are unable <u>to attend to or provide for medical care</u>, without which physical injury or illness may occur:</p> <p><i>If "Unable", please provide explanation and/or attach supporting documentation:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Indicate whether the respondent has decision-making capacity which is so impaired that they are unable <u>to make, communicate, or carry out important decisions concerning his/her financial affairs</u>, without which physical injury or illness may occur:</p> <p><i>If "Unable", please provide explanation and/or attach supporting documentation:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>

Revision Date: December 2020

DECISION-MAKING CAPACITY RELATING TO MARRIAGE AND VOTING	YES	NO
5. Does the respondent have the decision-making capacity to enter into a contract of marriage or dissolution ?	<input type="checkbox"/>	<input type="checkbox"/>
6. If the respondent has an intellectual disability as defined in Iowa Code Section 4.1, do they have the mental capacity to comprehend and exercise the right to vote ?	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION
7. List and explain any physical conditions that impair the respondent's decision-making capacity.
8. List and explain any mental conditions that impair the respondent's decision-making capacity.
9. Identify any medical history relied upon in completing this report as it relates to the respondent's impairment of decision-making capacity.
10. Can continued medical treatment , including medication, improve the decision-making capacity of the respondent?
11. What level of care is appropriate for the respondent based on the respondent's needs and best interest?

PROFESSIONAL OPINION REGARDING GUARDIANSHIP AND CONSERVATORSHIP
(Check the following that apply)

Based upon my evaluation of the proposed ward's decision-making capacity, it is my professional opinion to a reasonable degree of professional/medical certainty (or that degree of expert testimony that I am professionally qualified to express):

YES	NO	Respondent:
<input type="checkbox"/>	<input type="checkbox"/>	1. Lacks decision-making capacities. If Yes, continue If No, Respondent can make their own decisions and does NOT need assistance with decision-making.
<input type="checkbox"/>	<input type="checkbox"/>	2. The respondent needs a guardian to act on their behalf and to make decisions pertaining to the respondent's personal needs and affairs.
<input type="checkbox"/>	<input type="checkbox"/>	3. The respondent needs a conservator to act on their behalf and make decisions regarding the respondent's financial matters.
<input type="checkbox"/>	<input type="checkbox"/>	4. Can make their own decisions without a substitute decision-maker, but with third party assistance/services.

Please provide any additional information about the respondent that could assist the court in making its determination:

I certify under penalty of perjury and pursuant of the laws of the state of Iowa that the preceding is true and correct.

DATE: _____

 Printed Name/Title

 Signature