

IN THE MATTER OF:) _____ COUNTY, TENNESSEE

RESPONDENT)

Docket No. _____

Medical or Psychological Report and Affidavit

Persuant to *Tennessee Code Annotated §34-3-105*, the following report of the respondent is made by _____ . (Must be done by a Physician, Psychologist, or Sr. Psych. Examiner)

1. Are you duly licensed to practice in Tennessee? Yes ☐ No ☐ Other state: _____

2. Have you made a personal examination of the respondent? Yes ☐ Date of Last Exam _____

3. Briefly describe the medical and mental health history of the Respondent including diagnoses.

4. What is the nature of his/her disability/disabilities and the impact disability has on making decisions?

5. Please indicate what your evaluation of the Respondent found in any of the following areas:

	Excellent	Good	Fair	Poor	Chronic	N/A
Mental Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact of Current Living Conditions on Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please evaluate Respondent's decision-making capacity. Note the questions below are not asking about the quality of Respondent's decisions and choices, or whether Respondent makes

“good” decisions. The questions below are referring to Respondent’s capacity to process information in order to make a reasoned, informed decision without assistance.

Please indicate whether the Respondent can or cannot:

(a) Make an informed decision by himself/herself Yes ☐ No ☐
If the answer is “no” please explain:

(b) Weigh the risks and benefits of treatment options by himself/herself Yes ☐ No ☐
If the answer is “no” please explain:

(c) Appreciate or understand consequences of their decisions/choices without assistance
Yes ☐ No ☐
If the answer is “no” please explain:

7. Please indicate whether the Respondent can or cannot do the following with a support person helping them make decisions. (If you are not familiar with Supported Decision Making, please refer to the last page. See also www.SupportedDecisionMaking.org)

(a) Make an informed decision with the help of a support person Yes ☐ No ☐
If the answer is “no” please explain:

(b) Weigh the risks and benefits of treatment options with the help of a support person
Yes ☐ No ☐
If the answer is “no” please explain:

(c) Appreciate or understand consequences of their decisions/choices with the help of a support person Yes ☐ No ☐
If the answer is “no” please explain:

8. If, in your professional opinion, Respondent cannot do supported decision making but needs a conservator to make decisions for the Respondent, Indicate the type and scope of conservatorship that you, in your professional opinion, think the Respondent needs. Check all that apply:

<input type="checkbox"/>	Fiduciary for his/her physical well-being
<input type="checkbox"/>	Fiduciary to handle his/her financial affairs
<input type="checkbox"/>	Fiduciary to consent to medical treatment
<input type="checkbox"/>	Fiduciary to consent to living arrangement
<input type="checkbox"/>	No Fiduciary needed

9. Is the Respondent currently taking any medication? Yes ☐ No ☐

10. If yes, please state the type of medication and the usual dosage:

11. Please indicate how not taking the medication would likely affect the following for Respondent. Please check the appropriate response in each category.

	No Effect	Will Affect	Will Impair	Cannot Determine
Mental Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptive Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE OF TENNESSEE)
COUNTY OF _____)

I, the undersigned, being dully sworn do hereby make oath and state that the information in this medical report and affidavit is true and accurate, in my professional opinion. I understand that this affidavit will be filed with a court, that it may be the basis for the court removing Respondent's rights to make his/her own decisions, and the court transferring those rights to a court-appointed conservator.

Affiant: _____

Address: _____

Date: _____, 20 _____

Sworn to and subscribed before me this _____ day of _____ 20 _____

_____ (Notary Public) My Commission Expires _____



Supported Decision-Making

What is Supported Decision Making?

A way to:

- **Protect the person's rights to make as many decisions as possible**
- **Identify which decisions need formal support, rather than taking over all decisions**
- **Learn about an array of options, but always starting with the least-restrictive**

Examples:

- **Informal support using advice, consultation, discussions about big decisions**
- **Circles of Support and person-centered planning sessions to integrate experts**
- **Legal documents like Powers of Attorney over finances or health care decisions, or even limited conservatorships**

Why is Supported Decision Making important for people with disabilities?

- **People with disabilities face long-standing biases about perceived abilities,** including decision-making; but most people can make at least some decisions about their lives.
- **Decision-making is a learned skill that requires encouragement and practice.** Let's give a person a chance to learn how to make decisions before taking rights away.
- **Research shows us that maximizing choice and control (self-determination) in a person's life increases positive outcomes in health, happiness, and safety** through stronger relationships and better ability to recognize and resist abuse.

For more information, contact:

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