

IN THE TRIBAL COURT OF THE CONFEDERATED SALISH AND KOOTENAI
TRIBES OF THE FLATHEAD RESERVATION, PABLO, MONTANA

<p>IN RE INTEREST OF:</p> <hr/> <p>Respondent.</p> <p>UPON THE PETITION OF:</p> <hr/> <p>Petitioner(s).</p>	<p>Cause No. _____</p> <p style="text-align: center;">PHYSICIAN'S REPORT</p>
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1. I, _____ am a duly authorized physician and my license is # _____.

2. I am employed by _____ located at _____ and phone number _____.

3. I have training in the assessment of functional impairment.

4. I examined _____ the alleged incapacitated person on _____ and am submitting this report pursuant to CSKT Laws Codified, § 3-5-112 (3)(d).

5. _____, age _____, DOB: _____, has been my patient for _____ beginning about _____.

6. The examination of _____ and the review of this individual's medical records were sufficient to allow me to make a determination of the individual's ongoing mental capacity, level of development and social functioning. The individual's ability and limitations are the following:

7. The following are my observations regarding _____'s ability to make healthcare decisions and give informed consent:

8. The following are my observations regarding _____'s ability to manage the activities and daily living and his personal and financial affairs:

9. The following is my assessment regarding the anticipated duration of _____'s incapacity:

10. _____'s limitations result in a chronic functional impairment and there is no possibility of significant improvement in this individual's functioning such that _____ would become able to make medical decisions giving informed consent or to adequately manage personal or financial affairs. Because of these limitations, it would be in _____'s best interest to have a guardian appointed to make medical decisions and manage personal and financial affairs.

11. My observations are supported by interview, medical records, and reports.

VERIFICATION

I, _____, swear/affirm under oath that I have read the foregoing document and that the information provided set forth therein is true and correct to the best of my knowledge.

Signature

Date