

Attorney for Petitioner

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF PIMA**

IN THE MATTER OF:

MH No. \_\_\_\_\_

Re: Mental Health Services

**PSYCHIATRIC EXAMINATION  
FOR ANNUAL REVIEW OF  
GRAVELY DISABLED PERSON**

Doctor \_\_\_\_\_ submits the following report for the annual review of the gravely disabled status of \_\_\_\_\_, in order to determine whether continued court-ordered treatment is appropriate and to assess the individual's status as to the need for guardianship or conservatorship, and the adequacy of existing protection of the individual:

1. The undersigned is a duly licensed psychiatrist in the State of Arizona.
2. The individual, \_\_\_\_\_ was examined on \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, and this psychiatrist has studied the individual's medical record in preparation for this report.
3. This psychiatrist has treated the individual from \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_, and has had the following contact with the individual:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. It is the opinion of the undersigned that the individual continues to be gravely disabled as the result of a mental disorder and in need of treatment.
5. The behavior that indicates and the facts that support these conclusions are as follows (*attach additional pages if necessary*):

A. Past psychiatric history and treatment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Present physical condition:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Present mental disorder:  
1. Emotional Process:

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2. Thought:

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3. Cognition:

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4. Memory: (immediate, recent, remote):

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5. Judgment:

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6. Insight:

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7. Other:

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D. Present Treatment for Disorder:

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6. The individual's condition is evident by behavior in which the individual, as a result of a mental disorder, is likely to come to serious physical harm or serious illness because the individual is unable to provide for the individual's basic physical needs.

7. The individual's mental disability affects the individual's ability to do the following specific tasks and the individual's inability to perform them might result in harm:

A. Provide for food:

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B. Provide for clothing and maintain hygiene:

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C. Provide for shelter:

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D. Obtain and maintain steady employment:

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E. Respond in an emergency:

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F. Care for present or future medical problems:

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G. Manage money:

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H. Other:

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8. Is there any indication that the individual, as a result of the individual's mental disorder, will not voluntarily take prescribed psychiatric medications or comply with any other treatment for the individual's mental disability? Yes  No

If "yes" explain your answer and describe, if applicable, how the individual's failure to take the medications and comply with other recommended treatment might affect the individual's ability to provide for the individual's basic physical needs.

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9. Are there any suitable alternatives to court-ordered treatment available? Yes  No

If "Yes", what are they?

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10. Does the individual have a guardian?  No  Yes

11. In my opinion, the existing protection for the individual is adequate

If "no":

A. Does the individual need a mental health guardian?  No  Yes

B. Does the individual need a guardian for medical or living placement decisions?  No  Yes

C. Does the individual need a conservator to manage the individual's finances?  No  Yes

D. Does the court need to review the adequacy of  No  Yes  N/A

the current guardianship?

12. If the individual has a guardian, does this guardian have Mental Health Powers?  No  Yes

If "no":

A. Should the guardian appointed to this individual be required to acquire Mental Health Powers for placement and treatment decisions in a Level I facility?  No  Yes

B. Can the individual's needs be adequately addressed by a guardian with Mental Health Powers without the need for a court order for treatment?  No  Yes

C. Should the court order for treatment continue regardless of whether the court imposes additional Mental Health Powers on the guardian?  No  Yes

13. Regarding the individual's court-ordered status, my recommendation is that:

A.  The individual not be released and court-ordered treatment be continued

B.  The individual be released without delay

C.  The individual be released after a delay of \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

14. The patient's current address is:

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_

SUBSCRIBED, SWORN to and ACKNOWLEDGED before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_