Ward Name: Click here to enter text. Case Number: Click here to enter text.

Annual Physician's Report of Examination (All items must be answered)	
1	Diagnosis: Click here to enter text.
2	Recommended Treatment: Click here to enter text.
3	Prognosis: Click here to enter text.
4	The current level of capacity of the patient is: Click here to enter text.
5	In your opinion, is the patient capable of exercising the following?(Use checkboxes Below Right to marry: ☐ Yes ☐ No Right to vote: ☐ Yes ☐ No Right to personally apply for government benefits: ☐ Yes ☐ No Right to have a driver's license: ☐ Yes ☐ No Right to travel: ☐ Yes ☐ No Right to seek or retain employment: ☐ Yes ☐ No Right to contract: ☐ Yes ☐ No Right to sue and be sued: ☐ Yes ☐ No Right to manage property or to make any give of disposition: ☐ Yes ☐ No Right to determine residence: ☐ Yes ☐ No Right to consent to medical treatment: ☐ Yes ☐ No Right to make decisions about social environment or social aspects: ☐ Yes ☐ No
6	Date of Examination: Click here to enter a date.

Doctor Signature

Click here to enter text.
Type/Print Doctor Name

Click here to enter text.
Doctor Address (Street Address, City, State, Zip)

Click here to enter a date.
Date of Doctor's Signature