

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  
PERSISTENTLY OR ACUTELY  
DISABLED**

Doctor \_\_\_\_\_ submits the following report for the annual review of the persistently or acutely 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 persistently or acutely disabled as the result of a mental disorder and in need of treatment.

The individual's condition is evidenced by behavior in which the individual, as a result of a mental disorder, is likely to come to suffer severe and abnormal mental, emotional or physical harm that significantly impairs judgment, reason, behavior or capacity to recognize reality.

The individual has a severe mental disorder that substantially impairs the individual's capacity to make an informed treatment decision and causes the individual to be incapable of expressing an understanding of the advantages, disadvantages to treatment.

5. The behavior that demonstrates and the facts that support these conclusions are as follows (*attach additional pages if necessary*):

A. Past psychiatric history and treatment prior and during the term of the court order, which indicates the individual's ability and willingness to follow recommended treatment with or without a court order:

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B. Present physical condition:

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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. Has the individual's court ordered treatment been suspended for noncompliance in the last year? Yes  No

List dates and reasons for suspensions:

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7. 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 the factors on which your opinion is based.

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8. Would voluntary treatment be appropriate? Yes  No

If "No" explain the factors on which your opinion is based.

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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 the current guardianship?  No  Yes  N/A

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 individual'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: