

COUNTY OF

IN THE MATTER OF

CASE NUMBER

EXAMINER'S REPORT

Please answer the following questions concerning the above person. Please provide details at the end of this form or an attached sheet of paper.

1. Have you treated this person before If yes, give brief history. Yes [] No [] Unknown []

2. Has this person ever been rated or found: disabled Yes [] No [] Unknown [] mentally ill or incompetent Yes [] No [] Unknown [] chemically dependent Yes [] No [] Unknown []

3. Can the above person: care for self (personal hygiene) Yes [] No [] Unknown [] prepare meals and/or clean house Yes [] No [] Unknown [] maintain bank accounts or funds Yes [] No [] Unknown [] pay bills Yes [] No [] Unknown [] live independently Yes [] No [] Unknown [] operate a car Yes [] No [] Unknown [] take medications unsupervised Yes [] No [] Unknown []

4. Would the above person benefit from: further education Yes [] No [] Unknown [] further training Yes [] No [] Unknown [] therapy of some sort Yes [] No [] Unknown [] medical aids or equipment Yes [] No [] Unknown [] an operation or medical procedure(s) Yes [] No [] Unknown [] structured living arrangements Yes [] No [] Unknown []

5. Has the above person had in the last six months: hospitalization(s) Yes [] No [] Unknown [] therapy or treatment Yes [] No [] Unknown [] inpatient or outpatient surgery Yes [] No [] Unknown [] major medical test(s) Yes [] No [] Unknown [] psychological or psychiatric testing Yes [] No [] Unknown []

6. In your opinion, does this person have the mental or physical capacity to effectively manage his/her property and financial affairs Yes [] No [] Unknown [] and/or make necessary daily living and health care Yes [] No [] Unknown []

7. To your knowledge, does this person have: a power of attorney Yes [] No [] Unknown [] a health care power of attorney or a "living will" Yes [] No [] Unknown []

8. Does the above person have any of the following coverages?

health insurance

Yes No Unknown

medicare

Yes No Unknown

medicaid

Yes No Unknown

veteran's health care

Yes No Unknown

9. Does this person have a primary caretaker?

Yes No Unknown

If yes, please give available information on name, address, and relationship to above person.

SWORN to before me this _____ day of

Date: _____

_____, 20____

Examiner's Signature

Notary Public for South Carolina

Examiner's Name

My Commission Expires: _____

Use this space for explanations or additional comments.