

STATE OF SOUTH CAROLINA)
)
COUNTY OF: _____)
)
IN THE MATTER OF: _____)
)

IN THE PROBATE COURT

EXAMINER'S REPORT

CASE NUMBER: _____

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

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

and /or make necessary daily living and health care decisions Yes No

7. To your knowledge does this person have:

a power of attorney
a health care power of attorney or
a "living will"

Yes No Unknown
Yes No Unknown
Yes No Unknown

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

health insurance
medicare
medicaid
veteran's health care

Yes No Unknown
Yes No Unknown
Yes No Unknown
Yes No Unknown

9. Does this person have a primary caretaker?

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

Yes No Unknown

SWORN to before me this _____ day of _____, 20 _____

Date: _____

Examiner's Signature

Notary Public for South Carolina

Examiner's Name

My Commission Expires: _____

Use this space for explanations or additional comments.
