

**IN THE CIRCUIT COURT OF GREENE COUNTY, MISSOURI
PROBATE DIVISION**

IN THE ESTATE OF:

ESTATE NO. _____

**Respondent (A Person Alleged to be
Incapacitated and/or Disabled)**

**INTERROGATORIES
AND ANSWERS TO INTERROGATORIES TO PHYSICIAN**

Interrogatories propounded to physician: _____

Address: _____

Patient's name: _____

1. What is your full name? _____

2. What is your business address? _____

3. What is your profession? _____

4. From what professional school(s) did you graduate and what degree(s) and professional certification(s) do you hold? _____

5. How long have you practiced medicine? _____

6. In your practice, have you had occasion to determine the mental as well as physical condition of patients under your care? _____

7. Are you acquainted with the above-named Respondent? _____

8. Have you examined, observed, and/or treated Respondent? _____

9. When did you first examine, observe, and/or treat Respondent? _____

10. When did you last examine, observe, or treat Respondent? _____

11. What is Respondent's approximate age? _____

12. What are the examination findings concerning Respondent?

13. If you have diagnosed Respondent's neurological and/or mental condition(s), what is your diagnosis? _____

14. Please state what medications are currently being prescribed for Respondent:

15. What is the least restrictive environment in which Respondent must presently be restrained in order to prevent from injuring self and others and to provide him/her with such care, habilitation, and treatment as are appropriate? _____
16. In your medical opinion, is Respondent unable by reason of his/her physical and/or mental condition to receive and evaluate information or to communicate decisions to such an extent that he/she lacks capacity to meet essential requirements for food, clothing, shelter, safety or other care such that serious physical injury, illness, or disease is likely to occur? _____
17. Do you recommend that a Guardian be appointed to supervise Respondent? _____
18. In your medical opinion, is Respondent unable by reason of his/her physical and/or mental condition to receive and evaluate information or to communicate decisions to such an extent that he/she lacks ability to manage his/her financial resources? _____
19. Do you recommend that a Conservator be appointed to manage Respondent's financial resources? _____

 Doctor's Signature

 Doctor's Name Printed

ACKNOWLEDGMENT

Now on this _____ day of _____, 20____, comes _____, being duly sworn and upon oath states that he/she has read and understands all the statements and allegations contained in the foregoing document and that the same are true according to his/her best information, knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20____.

My Commission expires: _____

 Notary Public