

In the Matter of:  _____ Alleged to be Seriously Mentally Impaired, Respondent.	§ PHYSICIAN'S REPORT OF EXAMINATION  § PURSUANT TO SECTION 229.10(2), § THE IOWA CODE
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DATE AND TIME OF EXAMINATION: \_\_\_\_\_

1. Respondent's Name: \_\_\_\_\_

2. Respondent's Street Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(County) (City) (State)

3. Date of Birth: \_\_\_\_\_  
(Day) (Month) (Year)

4. Sex: Male  Female

5. Is this examination under Section 229.11, The Code? Yes  No   
If so, examination MUST be conducted within 24 hours of pick up. (See 229.10(1)(2003).

6. Did a "qualified mental health professional" assist with this exam? Yes  No   
(See 229.1(12)(2003). If so, who?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**If the professional's report is written, please attach.**

7. In your judgment, is respondent mentally ill? Yes  No   
If so, state diagnosis and supporting facts:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. In your judgment is respondent capable of making responsible decisions with respect to his/her hospitalization or treatment? Yes  No   
If not, state supporting facts:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. In your judgment, is the respondent treatable? Yes  No   
If so, state diagnosis and supporting facts:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. In your judgment, would the respondent benefit from treatment? Yes  No

11. In your judgment, is the respondent likely to physically injure himself/herself or others if allowed to remain at liberty without treatment? Yes  No

(a) What recent overt acts or threats have led you to conclude the respondent is likely to physically injure himself/herself or others?

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12. In your judgment, is the respondent likely to inflict serious emotional injury on family members or those who lack reasonable opportunity to avoid contact with the respondent if allowed to remain at liberty without treatment? Yes  No

13. In your judgment, is the respondent incapable of satisfying his/her needs for nourishment, clothing, essential medical care or shelter? Yes  No

If yes, is that likely to cause respondent to suffer physical injury, physical debilitation or death within the reasonably foreseeable future? Yes  No

If "Yes", state supporting facts:

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14. Can the respondent be evaluated on an out-patient basis? Yes  No

Basis for answer:

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15. Can the respondent, without danger to self or others, be released to the custody of a relative or friend during the course of evaluation? Yes  No

16. Is full time hospitalization necessary for evaluation? Yes  No

17. Does the respondent have a prior history of other physical or mental illness?

Yes  No  If Yes, please specify:

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18. Was the patient medicated at the time of examination? Yes  No

If so, please supply the following information:

MEDICINE: \_\_\_\_\_

DOSAGE: \_\_\_\_\_

TIME: \_\_\_\_\_

Physician's signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Physician's address: \_\_\_\_\_

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

Phone # where can be reached at time of hearing: \_\_\_\_\_