

**Report of Examination
(Licensed Physician)
§51.45(13), Wis. Stats.**

INSTRUCTIONS

This report will be used in a legal proceeding to determine if this subject individual should be involuntarily committed for treatment.

This report must be received by the court at least 96 hours prior to the scheduled hearing excluding Saturdays, Sundays and legal holidays.

Please answer the questions to the best of your ability to a reasonable degree of medical certainty. Any questions that you cannot answer should be marked "unknown". **Type or print your answers neatly.** You may supplement this report with attachments.

You must inform the subject individual of his/her rights as set forth in the Report of Examination prior to the examination.

DEFINITION

Alcoholism

A disease which is characterized by the dependency of a person on the drug alcohol, to the extent that the person's health is substantially impaired or endangered and his/her social or economic functioning is substantially disrupted.

(This Instruction Page should NOT be submitted to the Court)

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

Name of Subject Individual

**Report of Examination
§51.45(13), Wis. Stats.**

Date of Birth

Case No. _____

Name of Examiner: _____ Psychiatrist Licensed Physician

Date of Examination: _____ Time spent with subject individual: _____

Place of Examination: _____

If you were unable to *personally* examine the subject individual, please explain:

Collateral sources used as part of the examination

Records: _____

Interviews with others: _____

Other: _____

Brief History: [Report relevant social and medical history, including information from collateral sources] _____

Prior to the examination, did you inform the subject individual:

- A. Of the nature and reasons for the examination? Yes No
- B. That the examination was ordered by the Court? Yes No
- C. That the findings of the examination would be made available to the Court? Yes No
- D. Of his/her right to remain silent during the course of the examination? Yes No
- E. That you are required to make a report to the Court even if he/she remains silent? Yes No

If you answered "No" to any question, please explain: _____

Did the subject individual appear to understand his/her rights? Yes No

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EXAMINATION

1. Subject Individual's Statement

A. Summarize any relevant information obtained from the subject individual pertaining to past history and present events:

B. Summarize any relevant information obtained from the subject individual pertaining to the incidents leading to detention, or commitment if the subject individual is currently under a commitment order:

2. Subject Individual's Presentation

A. Describe the subject individual's interview behavior: (Consider his/her reaction to the examination; general appearance; motor behavior; facial expressions; voice and speech; affect and mood)

B. Describe the subject individual's sensorium: (Orientation; memory; insight; judgment; abstract thinking; general fund of knowledge)

EXAMINER'S OPINIONS

3. I have an opinion to a reasonable medical certainty that the subject individual: (Explain basis of answer)

A. Habitually lacks self-control as to the use of alcohol beverages and uses alcohol beverages to the extent that health is substantially impaired or endangered. Yes No

B. Uses alcohol beverages to the extent that social or economic functioning is substantially disrupted. Yes No

C. Has a relationship between the alcohol condition and a pattern of conduct during the 12-month period immediately preceding the time of petition which is dangerous to the person or others. Yes No

CONFIDENTIAL COURT RECORD

D. Has an extreme likelihood that the pattern of conduct will continue or repeat itself without intervention of involuntary treatment. Yes No

E. Is suitable for any alternative other than commitment. Yes No

4. Is the county department able to provide appropriate and effective treatment for the subject individual? Yes No

5. **Additional Comments/Recommendations:**

TO THE COURT:

I am the undersigned examiner and report that I have by examination satisfied myself as to the condition of [Subject Individual] _____. The results of my examination are contained in this document.

Examiner's Signature
 Psychiatrist Physician

Name Printed or Typed

Date

DISTRIBUTION:

1. Court
2. Subject Individual's Attorney
3. Corporation Counsel

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