

CLINICIAN'S AFFIDAVIT and REPORT FOR <input type="checkbox"/> EXTENSION AND/OR <input type="checkbox"/> AMENDMENT OF TREATMENT PLAN	Docket No. _____	Commonwealth of Massachusetts The Trial Court Probate and Family Court
In the Interests of: <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> First Name Middle Name Last Name </div> Incapacitated Person/Respondent		_____ Division

I, _____, do hereby state to the best of my knowledge and belief:

1. I am a licensed physician, certified psychiatric nurse clinical specialist, or other person so authorized by law to prescribe antipsychotic medication in Massachusetts. I am employed by _____.
2. I am the treating clinician for Respondent and have been since _____. I last saw the Respondent on _____.
3. This report is based upon my personal examination(s) of the Respondent which occurred on _____.

as well as my consultation with Respondent's other treatment providers and, my review of Respondent's clinical records, previously approved Treatment Plans, and the most recent affidavits and reports submitted to the Court in this matter.

BACKGROUND AND COURSE OF TREATMENT SINCE LAST ORDER

4. The Respondent is a _____ year old ☐ male ☐ female with a diagnosis of _____.

Respondent suffers from an incapacity which severely impairs treatment. Respondent has been previously adjudicated incapacitated to give informed consent to treatment with antipsychotic medications, and has been treated pursuant to a Court approved substituted judgment treatment order.

5. Since the last treatment plan was approved by the Court, Respondent has been treated in accordance with said treatment plan with the following medications:

MEDICATION	DOSAGE AND DOSE RANGE

and has experienced the following side effects:

If there have been side effects, they have been ☐ mild ☐ moderate ☐ severe and have been treated with:

6. The following is a list of antipsychotic medications which were administered to the Respondent but discontinued due to negative side effects or lack of efficacy:

☐ None. ☐ As follows:

7. As a result of the treatment, the Respondent's condition has not changed substantially.

Respondent has ☐ remained stable ☐ shown some improvement ☐ shown some deterioration.

The specific facts supporting this opinion are as follows:

COMPETENCY

8. In my opinion, the Respondent continues to be unable to make informed decisions regarding antipsychotic medications due to an incapacity, and there have been no significant changes in circumstances that would alter Respondent's judgment to accept the treatment being offered. The facts supporting this opinion are as follows:

PROPOSED TREATMENT PLAN

9. The proposed treatment plan is as follows :

MEDICATION	DOSAGE AND DOSE RANGE
<input type="checkbox"/> As currently listed in Q. 5.	

Alternative Antipsychotic Medication(s):

MEDICATION	DOSE RANGE

The reasons for any proposed changes from the previous plan are:

10. Describe in detail the plan for reduction of the administration of antipsychotic medications:

SUBSTITUTED JUDGMENT FACTORS

PROGNOSIS WITHOUT TREATMENT

11. It is my opinion that if the proposed treatment is not provided to the Respondent, it is likely Respondent will continue to deteriorate or will have to remain as an inpatient for an undetermined length of time.
12. It is my opinion that the proposed treatment is essential to ameliorate the clinically diagnosed condition from which this patient currently suffers.

PROGNOSIS WITH TREATMENT

13. The prognosis with treatment is ☐ fair ☐ guarded ☐ good.

With treatment it is expected that the Respondent will continue to ☐ make progress ☐ remain stable, with the prospect of (check all that apply):

- ☐ increasing levels of independence;
- ☐ the ability to remain in the community;
- ☐ eventual discharge from the hospital to a community setting; or
- ☐ other:

RISKS AND BENEFITS OF PROPOSED TREATMENT

14. The risks and benefits of the proposed medications and treatment have been described in previous affidavits which I have reviewed. The risks and benefits of any proposed new medications are:

PATIENT'S RELIGIOUS CONVICTIONS

15. The Respondent's religion is _____. The Respondent's decision with regard to treatment as proposed in this affidavit

- ☐ is not affected by Respondent's religious beliefs or convictions.
- ☐ is affected by Respondent's religious beliefs or convictions as follows:

IMPACT ON PATIENT'S FAMILY

16. The Respondent has:

☐ family who are involved and supportive of the Respondent's treatment, and cooperative with facility staff.
Any unnecessary or prolonged hospitalization would be a burden on the Respondent's family.

☐ family who are involved in, but not supportive of the Respondent's treatment, for the following reasons:

☐ no family involved in Respondent's care and treatment.

☐ no known family.

17. If Respondent were competent, Respondent's relationship with family would affect Respondent's decision regarding treatment in the following way:

☐ No effect. ☐ The following effect(s):

PATIENT'S EXPRESSED PREFERENCES

18. The Respondent is currently:

☐ accepting treatment.

☐ refusing to accept treatment although there is no evidence to suggest that the Respondent has, at other times, rejected treatment or medication offered to assist Respondent in recovery from a disease, a spell of illness, or psychiatric illness.

OTHER

19. Other information that Court should be aware of is:

Signed under the penalties of perjury.

_____ SIGNATURE OF CLINICIAN		Date _____			
_____ (Print name)		_____ License type, number, and date			
Office Address:	_____ (Address)	_____ (Apt, Unit, No. etc.)	_____ (City/Town)	_____ (State)	_____ (Zip)
Office Phone:	_____		E-Mail Address	_____	