

Commonwealth of Massachusetts  
The Trial Court  
Probate and Family Court Department

NORFOLK Division

Docket No. \_\_\_\_\_

**MEDICAL CERTIFICATE — GUARDIANSHIP**

To the Honorable Justices of the Probate and Family Court:

The undersigned hereby certifies under the penalties of perjury that I am a registered physician and that I personally examined AGATHA T. ADAMS  
(name of proposed ward)  
7 CARMODY COURT QUINCY MA  
(street address) (city or town) (state)  
on JUNE 2, 2003  
(date of examination)

and in my opinion the proposed ward:

- is a mentally ill person to the degree that he/she is incapable of caring for his/her personal and/or financial affairs.
- is a person who is unable to make or communicate informed decisions due to physical incapacity.

**THIS SECTION MUST BE COMPLETED FOR A GUARDIANSHIP PETITION**

Describe in detail the diagnosis leading to the aforementioned opinion (including the types of decisions which the proposed ward has sufficient mental ability to make):

MS. ADAMS SUFFERS FROM DEMENTIA WITH ANXIETY AND DELUSIONS (A DISORDER OF MEMORY, ORIENTATION, MOOD, THOUGHT AND PERCEPTION). SHE IS QUITE CONFUSED AND HALLUCINATES. SHE HAS NO INSIGHT OR APPRECIATION OF HER MULTIPLE MEDICAL AND PSYCHIATRIC PROBLEMS. SHE IS UNABLE TO UNDERSTAND THE RISKS AND THE BENEFITS OF PROPOSED TREATMENT (RISPERIDONE TO TREAT AGITATION AND DISTRESS). MS. ADAMS

(OVER)

(MEDICAL CERTIFICATE — GUARDIANSHIP BACK)

IS NOT ABLE TO MAKE INFORMED DECISIONS  
ABOUT HER TREATMENT, FINANCES, OR  
NURSING HOME PLACEMENT/ADMISSION.

Date JUNE 2, 2003

(signature)  
VINCENT PHIBES, M.D.  
(PRINT name)  
GENERAL HOSPITAL  
(address, including zip code)  
10 MAIN ST.  
QUINCY, MA 02171  
Tel. No. (987) 654-3210

Uniform Probate Court Practice XXII.

A physician's certificate, when accepted, must be **dated** and the **examination** must have taken place within **thirty (30) days** prior to the entry of each decree, temporary or permanent.