

5. Summarize your clinical evaluation, including the patient's reaction when you explained the proposed major medical treatment(s) and its risks and benefits that validate your opinion regarding the patient's decision-making ability.

It is my clinical opinion that the patient does not have the capacity to make an informed decision regarding this major medical procedure/treatment.

6. The information and statements which I have provided are to the best of my knowledge complete and truthful.

<hr/> Print Name Clearly	<hr/> Signature
<hr/> Date	

If the evaluation has been performed by other than a New York State Licensed Psychiatrist or Psychologist, this form must be CO-SIGNED below.

7. I am a NYS licensed _____. I concur with the above clinical evaluation and certify that it is complete and truthful to the best of my knowledge.
(Psychiatrist or Psychologist)

<hr/> Print Name Clearly	<hr/> Signature
<hr/> NYS License Number	<hr/> Date