Rule 12.36—Form 8: ***Chief Medical Officer's Report of Psychiatric Evaluation***

In the Iowa District Court for _________________________ County
County where Report is filed

In the Matter of _______________________________________, **Respondent** *Full name: first, middle, last* **Alleged to be Seriously Mentally Impaired**	No._________________________ **Chief Medical Officer's Report of Psychiatric Evaluation** Iowa Code § 229.14

1. I,_______________________, chief medical officer of ____________________________,
Name of chief medical officer *Hospital or facility*

and for the Report of Psychiatric Evaluation of Respondent, state the following.

2. Date and time of evaluation: ____________________ ____, 20___ at ____:____ ☐ a.m. ☐ p.m.
Month *Day* *Year* *Time*

3. State treatment Respondent received during the present evaluation period:

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____

☐ *Check this box if you have attached additional pages.*

4. Was Respondent medicated at the time of evaluation? ☐ Yes ☐ No
If yes, provide name(s) of the medication, dosage, approximate date and time administered, and probable effects on Respondent

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☐ *Check this box if you have attached additional pages.*

5. Have there been previous psychiatric illnesses? ☐ Yes ☐ No
If yes, complete the following:

A. Approximate date(s) of illness:____

B. Was hospitalization or treatment necessary? ☐ Yes ☐ No
If yes, provide place, date, length of stay, and condition on discharge

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☐ *Check this box if you have attached additional pages.*

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6. Does Respondent have any other disease or injury at present? ☐ Yes ☐ No
If yes, specify

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☐ *Check this box if you have attached additional pages.*

7. Respondent's past medical history:

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☐ *Check this box if you have attached additional pages.*

8. Is Respondent suffering from any transmissible disease within the past three weeks or has Respondent been exposed to such a disease within the past three weeks?
If yes, specify ☐ Yes ☐ No

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☐ *Check this box if you have attached additional pages.*

9. Is there a family history of mental illness, mental deficiency, or convulsive disorder? ☐ Yes ☐ No
If yes, give name(s), relationship, and type of disorder

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☐ *Check this box if you have attached additional pages.*

10. In your opinion, is Respondent mentally ill? ☐ Yes ☐ No
If yes, state diagnosis including supporting facts, symptoms, and overt acts

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☐ *Check this box if you have attached additional pages.*

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11. In your opinion, is Respondent treatable and likely to benefit from treatment? ☐ Yes ☐ No
If yes, state recommendations and basis for recommendations

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☐ *Check this box if you have attached additional pages.*

12. In your opinion, is Respondent capable of making responsible decisions with respect to hospitalization or treatment? ☐ Yes ☐ No
If no, state basis for answer

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☐ *Check this box if you have attached additional pages.*

13. In your opinion, is Respondent likely to physically injure self or others if allowed to remain at liberty without treatment? ☐ Yes ☐ No
If yes, state what recent overt acts by Respondent lead you to this conclusion, including approximate date(s) and other relevant facts

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☐ *Check this box if you have attached additional pages.*

14. In your opinion, is Respondent likely to inflict serious emotional injury on those unable to avoid contact with Respondent if Respondent is allowed to remain at liberty without treatment? ☐ Yes ☐ No
If yes, state what recent overt acts by Respondent lead you to this conclusion, including approximate date(s) and other relevant facts

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☐ *Check this box if you have attached additional pages.*

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Rule 12.36—Form 8: *Chief Medical Officer's Report of Psychiatric Evaluation*, continued

15. In your opinion, is Respondent unable to satisfy needs for nourishment, clothing, essential medical care, or shelter so that it is likely Respondent will suffer physical injury, debilitation, or death? ☐ Yes ☐ No

If yes, state basis for answer

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☐ *Check this box if you have attached additional pages.*

16. Does Respondent have a prior history of noncompliance with treatment and the noncompliance has either (1) been a significant factor in the need for emergency hospitalization or (2) resulted in acts causing serious physical injury to Respondent's self or others or an attempt to cause physical injury to Respondent's self or others? ☐ Yes ☐ No

If yes, state basis for answer

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☐ *Check this box if you have attached additional pages.*

17. Proposed treatment and placement

In your opinion,

Check one

A. ☐ Respondent does not, as of the date of this Report, require further treatment for serious mental impairment. Iowa Code § 229.14(1)(*a*).

B. ☐ Respondent is seriously mentally impaired and is in need of full-time custody, care, and inpatient treatment in a hospital, and is likely to benefit from treatment. Iowa Code § 229.14(1)(*b*).

Recommended further treatment:

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☐ *Check this box if you have attached additional pages.*

C. ☐ Respondent is seriously mentally impaired and in need of treatment, but does not require full-time hospitalization. Iowa Code § 229.14(1)(*c*).

Recommended treatment on an outpatient or other appropriate basis:

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☐ *Check this box if you have attached additional pages.*

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D. ☐ Respondent is seriously mentally impaired and in need of full-time custody and care, but is unlikely to benefit from further inpatient treatment in a hospital. Iowa Code § 229.14(1)(*d*).

Recommended alternative placement:

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☐ *Check this box if you have attached additional pages.*

18. State facts and reasons supporting your recommended treatment and that the treatment is the least restrictive and effective for Respondent:

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☐ *Check this box if you have attached additional pages.*

19. Chief medical officer's signature

____________________ ____________________
Printed name *Signature**

____
Name of hospital or facility

____
Mailing address

____________________, __________ __________
City *State* *ZIP code*

(_____) ____________________
Phone number

____________________ ____________________
Email address *Additional email address, if applicable*

____________ ______, 20______
Month *Day* *Year*

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order August 17, 2022, effective November 1, 2022; April 29, 2024, effective July 1, 2024]