

**PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE**

IN RE:

Case No.: MI-_____

Respondent

CERTIFICATE OF EXAMINATION

Ohio Hospital for Psychiatry

Patient's Name

Patient's Address

880 Greenlawn Ave.

Age Sex Race

Columbus Franklin OH 43223

Date of birth Place of birth

City County State Zip Code

The undersigned certifies that he / she is a licensed _____, in the State of Ohio, and that the following are facts relating to the examination of the above named patient.

I further certify that I have, with care and diligence, personally observed and examined the named patient on the _____ day of _____, 20____.

That said patient was examined at _____, and as a result of such examination, I believe said patient is / is not in need of _____

as requested by _____ for reasons outlined below.

REMARKS: Please indicate the condition needing attention and the most desirable method of treatment:

Examiner's Signature

Printed Name Address