

**F24 Certificate of Medical Examination - Modification to Out-Patient - Section 53**

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

THE STATE OF TEXAS  
FOR THE BEST INTEREST  
AND PROTECTION OF



**CERTIFICATE OF MEDICAL EXAMINATION**

I, the undersigned, a physician as defined in the Texas Health and Safety Code, Section 571.003(18), do hereby certify as follows:

1. My name is \_\_\_\_\_
2. My address is \_\_\_\_\_
3. I examined \_\_\_\_\_ (hereinafter referred to as Patient) on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.
4. Patient's address is \_\_\_\_\_
5. Patient has been under my care for \_\_\_\_\_
6. My diagnosis of the physical and mental condition of Patient based upon reasonable medical probability is:  
 Axis I \_\_\_\_\_  
 Axis II \_\_\_\_\_  
 Axis III \_\_\_\_\_  
 Axis IV \_\_\_\_\_  
 Axis V \_\_\_\_\_

7. I am of the opinion that Patient is mentally ill. Furthermore, the detailed factual basis of such opinion is as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. I am of the opinion that the Patient may be treated on an Out-Patient basis for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Examining Physician

STATE OF TEXAS  
COUNTY OF HARRIS

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing, and who being by me first duly sworn, on his/her oath made the above and foregoing statements for the purpose therein expressed evidencing the same by his/her signature, to certify which I have affixed my hand and seal of office, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas