

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

In Re: The Guardianship/Guardian Advocacy of _____

CASE NO.: _____

Ward/Developmentally Disabled Person

PHYSICIAN'S REPORT

(Required by Section 744.3675, Florida Statutes)

1. Name of Physician : _____
Address: _____

2. Name of ward: _____
3. Date of examination: _____
4. Purpose of examination:
 - A. Regular checkup _____
 - B. Treatment for _____
5. Evaluation of ward's condition: (Specify mental and physical condition at time of examination)

6. Description of ward's capacity to live independently:

7. The ward ___does/ ___does not continue to need assistance of a guardian
8. Is the ward capable of being restored to capacity at this time? ___Yes ___No
Are there any rights that can be restored at this time? Check any rights that can be restored:

() a. to marry;	() i. to apply for government benefits;
() b. to vote;	() j. to manage property or to make any gift or disposition of property;
() c. to personally apply for government benefits;	() k. to determine his or her residence;
() d. to have a driver license;	() l. to consent to medical and mental health treatment; or
() e. to travel;	() m. to make decisions about his or her social environment or other social aspects of his or her life.
() f. to seek or retain employment;	
() g. to contract;	
() h. to sue and defend lawsuits;	
9. Date of this report: _____
10. Signature of physician completing this report: _____