

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

FILE NO.: _____

IN RE: THE GUARDIAN ADVOCACY OF

_____ /

PHYSICIAN'S REPORT

(As required by § 744.3675(b), Fla. Stat.)

1. Name of Physician: _____
2. Type of specialty or practice of physician: _____
3. Address of physician: _____
4. Name of Ward/Patient: _____
5. Date the Ward/Patient was examined: _____
6. Evaluation of the Ward/Patient's MENTAL AND PHYSICAL condition:

7. Evaluation of the Ward's capacity to live independently:

8. Evaluation as to whether the Ward continues to need the assistance of a guardian:

9. In your professional opinion, should any rights of the Ward be restored at this time?

Circle one: YES or NO

If yes, please explain:

10. In completing this form, the Physician acknowledges that he or she has examined the ward and has included an evaluation of the ward's condition and a statement of the current level of capacity of the ward.

Signature of PHYSICIAN completing this report: _____

Date signed: _____

Note to the Guardian:

This form is to be executed by a Physician, as required by § 744.3675(b), Fla. Stat., and should include as an attachment a resume of any professional medical treatment given to the ward during the preceding year and the report of a physician who examined the ward no more than 90 days before the beginning of the applicable reporting period. The report must contain an evaluation of the ward's condition and a statement of the current level of capacity of the ward. The reports are due on a yearly basis. Please make sure the report is filled out completely by the Physician before filing with the Clerk of the Court.