

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT, IN AND FOR MIAMI-DADE COUNTY, FLORIDA PROBATE DIVISION IN RE: GUARDIANSHIP OF _____ ward. Case no.: _____ Section: _____	
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PHYSICIAN'S REPORT

Note: This form must only accompany the annual, or an amended plan. It does not need to be submitted with the initial guardianship plan.

1. Name of Ward: _____

2. Name and Address of Physician: _____

The ward has been a patient of this physician since: _____

If delegated, name of person conducting examination: _____

Name and address of person's employer: _____

Qualification: *[select applicable statement(s)]*

☐ The physician named above has delegated the responsibility to perform the examination of the Ward and completion of this report pursuant to § 744.3675(1)(b)(2).

☐ (a) I am a physician assistant acting pursuant to § 458.347(4)(h) or § 459.022(4)(g).

☐ (b) I am an Advanced Practice Registered Nurse acting pursuant to § 464.012(3).

3. Date of Examination: _____

4. Purpose of Examination: _____

☐ Routine Checkup: _____

☐ Treatment for: _____

5. Evaluation of ward's condition: (Specify mental and physical condition at time of examination)

6. Describe the ward's current level of capacity, including the ward's capacity to live independently: _____

7.

RECOMMENDED PLACEMENT

- | | |
|---|---|
| ☐ (a) Hospital Facilities | ☐ (e) Retirement Home |
| ☐ (b) Skilled Nursing Home | ☐ (f) Home Health Agency |
| ☐ (c) Intermediate Care | ☐ (g) Independent Living |
| ☐ (d) Long Term Nursing Home | ☐ (h) Other: |

8. The ward continues to need the assistance of a guardian. ☐ Yes ☐ No

9. Do you believe any of the ward's rights can be restored at this time? ☐ Yes ☐ No

Please indicate which rights you believe the ward is capable of exercising at this time.

- | | |
|---|--|
| ☐ To contract | ☐ To marry |
| ☐ To sue | ☐ To vote |
| ☐ To apply for government benefits | ☐ To personally apply for government benefits |
| ☐ To manage property or to make any gifts or disposition of | ☐ To have a driver's license |
| ☐ To determine his or her residence | ☐ To travel |
| ☐ To consent to medical and mental health treatment | ☐ To seek and retain employment |
| ☐ To make decisions about his or her own social environment or other social aspect of their life | |

10. Additional Comments (if any): _____

Date report completed : _____

Signature of Examiner completing this report: _____

Examiner's Email Address: _____

Examiner's Telephone: _____