

IN THE CIRCUIT COURT OF THE 14th JUDICIAL CIRCUIT, STATE OF FLORIDA,
GUARDIANSHIP, PROBATE AND MENTAL HEALTH DIVISION

IN RE: THE GUARDIANSHIP OF _____

CASE NO.: _____ -

(Name of Ward)

Reference: Florida Statute 744.3675

PHYSICIAN'S REPORT-ADULT WARD *rvd 2/16*

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1. Physician's Name: _____
 2. Physician's Address _____
 3. Report of Examination of Ward:
 - A. Examination Date _____
 - B. Purpose of Examination:
_____ Routine checkup
_____ Treatment for _____
 4. Evaluation of ward's mental and physical condition at time of examination:

 5. Description of ward's capacity:

 - A. The ward continues to need the assistant of a guardian ____yes ____no
 - B. The ward's rights should be restored ____yes ____no ____partially_____
 6. Signature of Physician _____ Report date: _____ 20__