IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT, IN AND FOR MIAMI-DADE COUNTY, FLORIDAPROBATE DIVISION IN RE:GUARDIANSHIP OF _____ ward. Case no.: _____ Section: _____	

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:

☐ (b) Skilled Nursing Home:

☐ (c) Intermediate Care:

☐ (d) Long Term Nursing Home:

☐ (e) Retirement Home:

☐ (f) Home Health Agency:

☐ (g) Independent Living:

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 sue;

☐ To apply for government benefits;

☐ To manage property or to make any gifts or disposition of;

☐ To determine his or her residence;

☐ To consent to medical and mental health treatment;

☐ To make decisions about his or her own social environment or other social aspect of their life;

☐ To marry;

☐ To vote;

☐ To personally apply for government benefits;

☐ To have a driver's license;

☐ To travel;

☐ To seek and retain employment;

10. Additional Comments (if any):_____

_____

_____

Date report completed : _____

Signature of Examiner completing this report: _____

Examiner's Email Address: _____

Examiner's Telephone: _____