

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:

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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.*