

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT  
IN AND FOR LEVY COUNTY, FLORIDA  
PROBATE DIVISION

In Re: The Guardianship of

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CASE NO: \_\_\_\_\_

**PHYSICIAN'S REPORT FOR AN ADULT WARD**

(Required by Section 744.3675, Florida Statutes)

1. Name of Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_
2. Name of ward: \_\_\_\_\_
3. Date of examination: \_\_\_\_\_
4. Purpose of examination:
  - A. Regular checkup \_\_\_\_\_
  - B. Treatment for \_\_\_\_\_
5. Evaluation of ward's condition: (Specify mental and physical condition at time of examination)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Description of ward's capacity to live independently: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. The ward (does) (does not) continue to need assistance of a guardian.
8. Is the ward capable of being restored to capacity at this time? (Yes) (No)
9. Date of this report: \_\_\_\_\_
10. Signature of physician completing this report: \_\_\_\_\_