

IN THE CIRCUIT COURT FOR SANTA ROSA COUNTY, FLORIDA
PROBATE DIVISION

In re:

an alleged incapacitated person.

Case No.: _____

Division: C

PHYSICIANS' REPORT-ADULT WARD
(Required by Florida Statute Section 744.3675)

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: _____