

IN RE: Guardianship of

Case No. \_\_\_\_\_

\_\_\_\_\_  
*Respondent's Name Person with Developmental Disability*

**PHYSICIAN'S REPORT**  
(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 or  No

Are there any rights that can be restored at this time? Check any rights that can be restored:

- a. to marry;
- b. to vote;
- c. to personally apply for government benefits;
- d. to have a driver license;
- e. to travel;
- f. to seek or retain employment;
- g. to contract;
- h. to sue and defend lawsuits;
- i. to apply for government benefits;
- j. to manage property or to make any gift or disposition of property;
- k. to determine his or her residence;
- l. to consent to medical and mental health treatment; or
- m. to make decisions about his or her social environment or other social aspects of his or her life

9. Date of this report: \_\_\_\_\_

10. Signature of physician completing this report: \_\_\_\_\_