

PHYSICIAN'S REPORT
LR29-PR00-714.20, LR29-PR00- 714.50
FORM PR00-10

STATE OF INDIANA) IN THE HAMILTON _____ COURT _____
) SS:
COUNTY OF HAMILTON) CAUSE NO. _____

IN THE MATTER OF
THE GUARDIANSHIP OF

PHYSICIAN'S REPORT

_____, a physician licensed to practice medicine in all its branches in the State of Indiana, submits the following report on _____, an alleged incapacitated person, based on an examination of said person on the _____ day of _____, 20 ____.

1. Describe the nature and type of the incapacitated person's disability: _____

2. Describe the incapacitated person's mental and physical condition; and, when it is appropriate, describe educational condition, adaptive behavior and social skills: _____

3. State whether, in your opinion, the incapacitated person is totally or only partially incapable of making personal and financial decisions; and, if the latter, the kinds of decisions which the incapacitated person can and cannot make. Include the reason for this opinion. _____

4. What, in your opinion, is the most appropriate living arrangement for the incapacitated person; and if applicable, describe the most appropriate treatment or rehabilitation plan. Include the reasons for your opinion. _____

5. Can the incapacitated person appear in court without injury to his/her health?

I affirm, under the penalties for perjury, that the foregoing representations are true.

Signature: _____

Printed: _____

Address: _____

City/State/Zip: _____

Telephone: _____

This report must be signed by a physician. If the description of the incapacitated person's mental, physical and educational condition, adaptive behavior or social skills is based on evaluations by other professionals, all professionals preparing evaluations must sign the report. Evaluations upon which the report is based must have been performed within three (3) months of the date of the filing of the petition.

Names and signatures of other persons who performed evaluation upon which this report is based:

Name: _____

Address: _____

Signature: _____

Name: _____

Address: _____

Signature: _____