

STATE OF INDIANA  
COUNTY OF \_\_\_\_\_

IN THE \_\_\_\_\_ SUPERIOR COURT  
CAUSE NUMBER:

IN THE MATTER OF THE GUARDIANSHIP OF  
\_\_\_\_\_, ADULT

**PHYSICIAN'S REPORT**

\_\_\_\_\_, a physician licensed to practice medicine in all its branches in the State of Indiana, submits the following report on \_\_\_\_\_, alleged disabled person, based on an examination of the respondent on the \_\_\_\_\_ day of \_\_\_\_\_, 2014.

1. Describe the nature and type of the respondent's disability:

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

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

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

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5. Can the respondent appear in court without injury to his/her health? \_\_\_\_\_

If the answer is no, explain the medical reasons for your answer.

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Signed: \_\_\_\_\_

Address: \_\_\_\_\_

City and State:

Telephone: