

STATE OF INDIANA)	IN THE BARTHOLOMEW _____ COURT
)	SS:
COUNTY OF BARTHOLOMEW)	CAUSE NO. _____
IN THE MATTER OF THE GUARDIANSHIP)	
)	
OF _____,)	
)	
An Incapacitated Adult.)	

PHYSICIAN’S REPORT

Dr. _____, a physician licensed to practice medicine in the State of Indiana, submits the following report on _____, an alleged incapacitated person, based on an examination of the respondent on the ____ day of _____, 202__.

1. Describe the nature and type of the respondent’s cognitive/mental disability:

2. If the alleged incapacitated is currently under the age of eighteen, in your opinion, will the child’s alleged incapacity persist well beyond the age of eighteen? Yes _____ No _____

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

4. 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.

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

6. Can the respondent appear in court without injury to his/her health?

_____ Yes

_____ No

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

Physician's Signature

Print Physician Name

Address

Phone

NOTE: This report must be signed by a physician. If the description of the respondent'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 on 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 evaluations upon which this report is based:

Name: _____

Signature: _____

Name: _____

Signature: _____