

**IN THE CIRCUIT COURT OF THE 17th JUDICIAL CIRCUIT
BOONE COUNTY, ILLINOIS
Probate Division**

IN THE MATTER OF

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_____)
An Alleged Disabled Person)

Case Number _____

PHYSICIAN'S EVALUATION REPORT

1. The undersigned, being a physician licensed to practice medicine in all its branches in the State of Illinois, examined _____, hereinafter called the Respondent, on _____, 20_____.

2. The following is an assessment, based on my examination (conducted on _____), of the Respondent's disability and how such disability impacts on the ability of the Respondent to make decisions or to function independently:

3. The following is my evaluation of the Respondent's physical and educational condition, adaptive behavior and social skills:

a) Mental condition: _____

b) Physical condition: _____

c) Educational condition: _____

d) Adaptive behavior: _____

e) Social Skills: _____

4. Based on my examination and evaluation of the Respondent, it is my opinion that:

Guardianship is not needed.

Guardianship is needed, and the type and scope (full/limited) of the guardianship needed and the reasons therefore are as follows: _____

5. My recommendations as to the most appropriate treatment or habitational plan and living arrangement for the Respondent and the reasons therefore are as follows: _____

6. The signatures of all persons who performed the evaluation upon which this report is based, one of whom shall be a licensed physician, as well as a statement of the certification, license or other credentials which qualify any evaluators. The evaluations were performed within three (3) months of the filing of the petition:

PREPARER OF REPORT:

Name Profession/Credentials Date of evaluation

PERFORMERS OF EVALUATION UPON WHICH THIS REPORT IS BASED:

Name Profession/Credentials Date of evaluation

Name Profession/Credentials Date of evaluation

Name Profession/Credentials Date of evaluation