

STATE OF ILLINOIS

UNITED STATES OF AMERICA

COUNTY OF DU PAGE

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

IN RE THE ESTATE OF

CASE NUMBER

Alleged Disabled Person

File Stamp Here

REPORT OF A PHYSICIAN

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

NOTE: The examination must have occurred no earlier than three months before the Petition for Guardianship is filed.

1. Describe the nature and type of the respondent's disability and provide an assessment of how the disability impacts on the ability of the respondent to make decisions or to function independently. (Please state underlying diagnosis, as well as manifestations of disability.)
2. Provide an analysis and results of evaluations of the respondent's mental and physical condition and, where appropriate, describe educational conditions, adaptive behavior, and social skills.
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 reasons for this opinion.
4. What, in your opinion, is the most appropriate living arrangement for the respondent, and if applicable, describe the most appropriate treatment or rehabilitation plan. Include the reasons for your opinion. Please indicate what restrictions are reasonably necessary to protect the assets and/or ensure the safety of the alleged disabled person.

\_\_\_\_\_  
(Print or type physician's name)

Signed \_\_\_\_\_

License No. \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

\*See page 2 on Reverse

\*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 also sign the report. Evaluation on which the report is based must have been performed within 3 months of the date of the filing of the petition.

5. Provide a statement describing the certification, license or other credentials of the physician preparing this report.

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

Name \_\_\_\_\_

Address \_\_\_\_\_

Certification, licenses or other credentials \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Certification, licenses or other credentials \_\_\_\_\_

Signature \_\_\_\_\_

Name: \_\_\_\_\_ PRO SE

DuPage Attorney Number: \_\_\_\_\_

Attorney for: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_