## PHYSICIAN'S REPORT/CERTIFICATE

## STATE OF ILLINOIS

CIRCUIT COURT FOR THE $\qquad$ JUDICIAL CIRCUIT
$\qquad$
IN THE MATTER OF
)
)
)

I, $\qquad$ , state on oath as follows:

1. That I am a physician, licensed to practice medicine in all its branches in the State of Illinois.
2. That on $\qquad$ , $\qquad$ , I examined $\qquad$ .
(month/day)
(year)
(name)
3. That the following is a description, based on my examination, of the nature and type of 's disability:
(name)
4. That the following is my evaluation of $\qquad$ 's mental physical and educational (name) condition, adaptive behavior and social skills:

Mental: $\qquad$
Physical: $\qquad$

Educational: $\qquad$

Adaptive behavior:

Social Skills: $\qquad$
5. That based on my examination and evaluation of $\qquad$ it is my opinion that: (name)
$\square$ Guardianship is not needed.
Guardianship is needed.
Further, that the type and scope of the guardianship needed is as follows:
6. That my recommendation as to the most appropriate treatment or habilitation plan and living arrangement for is as follows:
(name)

Further, that the reasons for the above recommendation are as follows:
7. That the following described persons, whose signatures are listed at the bottom of this form, have assisted me in the preparation and submission of this form to the court.

| (name)(position) | (name) |  | (name) |
| :---: | :---: | :---: | :---: |
|  | (position) |  | (position) |
| (position) |  |  | (signature) |
|  |  |  | (date) |
|  | Print Form | Reset Form |  |

