

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS

_____ COUNTY

)	
IN THE MATTER OF THE ESTATE OF)	
_____)	CASE NO. _____
Alleged Disabled Person, Respondent)	
)	

REPORT OF PHYSICIAN AND OTHER EVALUATORS

TO WHOM IT MAY CONCERN:

The undersigned, a physician licensed to practice medicine in all its branches, in the State of Illinois, has performed physical, psychological and/or psychiatric examinations or tests of the above-named person on _____, 20____, and finds above-named person a disabled person as defined in 755ILCS 5/11a-2.

In support there of, it is set forth:

1. Description of the nature and type of Respondent’s disability. (Physician may include diagnosis and objective and/or clinical evidence of condition.)

2. An assessment of how the disability impacts on the ability of the Respondent to make decisions or function independently.

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3. An analysis and results of evaluations of Respondent's mental and physical condition and, where appropriate, educational condition, adaptive behavior, and social skills.

4. My opinion as to whether guardianship of Respondent is needed, and the type and scope of the Guardianship needed is:

A Guardianship of the Person and of the Estate is not necessary.

A Guardianship of the Person is necessary.

It should be Plenary/Full Limited.

A Guardianship of the Estate is necessary.

It should be Plenary/Full Limited.

The reasons for my opinion are as follows:

5. I recommend, as the most suitable living arrangement for the Respondent:

The Respondent can live independently.

The Respondent can reside in his or her residence, but would require assistance as follows: 24/7 care care as follows:

The Respondent should reside in an assisted or supportive living community.

The Respondent should reside in a nursing home.

Other: _____

If appropriate, the treatment of habilitation plan for Respondent should be:

NOTICE

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. Evaluations on which the report is based must have been performed within three (3) months of the date of filing the petition.

Signed: _____

Business Address: _____

City/State/Zip: _____

Business Telephone: _____

This report must contain the signatures of all person(s) who performed the evaluations upon which the report is based, one of whom must be a licensed physician. It must also include a statement of the certification, license or other credentials that qualify the evaluators who prepared this report.

1. Name: _____

Signature: _____

Address, City, State, Zip: _____

Credentials: _____

2. Name: _____

Signature: _____

Address, City, State, Zip: _____

Credentials: _____

3. Name: _____

Signature: _____

Address, City, State, Zip: _____

Credentials: _____