

Name of Person Filing: _____
Mailing Address: _____
City, State, Zip Code: _____
Day/Evening Telephone: _____
Attorney Bar Number (if applicable) _____
Representing: Self (Without a Lawyer) or
 Attorney for _____

**SUPERIOR COURT OF ARIZONA
MOHAVE COUNTY**

In the Matter of
Guardianship and/or Conservatorship of

Case Number GC: _____

**REPORT OF COURT-APPOINTED
PHYSICIAN / PSYCHOLOGIST /
REGISTERED NURSE**

An Adult

Pursuant to Arizona Revised Statutes §14-5303(D), _____
submits the following report concerning _____ (the "patient") based on the
examination of said person done on _____, 20____.

1. The specific physical, psychiatric, or psychological diagnosis of the patient is as
follows:

2. A comprehensive assessment listing any functional impairments of the patient and an
explanation of how and to what extent these functional impairments may prevent that
person from receiving or evaluating information in making decisions or in
communicating informed decisions regarding that person is as follows:

3. The patient is capable of performing the following tasks of daily living without direction or with minimal direction:

4. The patient is receiving the following medications in the following dosages and, to the best of my knowledge those medications have the following effects on the patient's behavior:

5. The prognosis for improvement in the patient's condition and my recommendation for the most appropriate rehabilitation plan or care plan are as follows:

6. The least restrictive living arrangement reasonable available for the patient would be:

7. The patient cannot or should not appear in court for the following reasons:

8. The patient requires a guardian to be appointed by the Court because:

9. The patient should/should not be allowed to drive (circle one).

10. Mr./Ms. _____ has been my patient for _____ days / weeks / months / years (circle one).

11. I am a physician/psychologist/registered nurse (circle one).

12. In addition to the foregoing, the Court should know the following about the patient:

Date

Signature

Printed Name:

Address

Telephone