

This form and all forms available on the PCPF website are for use in cases where the Pima County Public Fiduciary Office will be nominated to serve ONLY.

The documents needed for a case not involving the Public Fiduciary are available from the Pima County Bar Association.

Do not use the following form that is formatted specifically for the PCPF if your case does not involve the PCPF.

Instructions for completing the Report of Physician form:

Please complete the included form legibly. Each question must have an answer that contains clear and convincing information regarding the specific issues the physician believes are relevant.

Once completed you must send both a copy of the form to us *AND* the original itself. This form must be accompanied by the referral form.

Where to send a copy of this form:

Copies should be sent to our offices immediately via fax or email
at: (520) 624-7190 or GCD.Referrals@pima.gov

Where to send the original form:

The original document **MUST** be sent via U.S. Mail to:

Pima County Public Fiduciary
Attn: Intake Unit
32 N. Stone Ave., 4th Floor
Tucson, AZ 85701

If you have any questions regarding this form, or how to complete it, please call 724-5454 and ask for the intake unit.

1 **PIMA COUNTY PUBLIC FIDUCIARY**
32 N. Stone Avenue, 4th Floor
2 Tucson, Arizona 85701
520-724-5454
3 FAX 520-624-7190

4 Public.Fiduciary@pima.gov
License #20247
5

6 **IN THE SUPERIOR COURT OF THE STATE OF ARIZONA**
7 **IN AND FOR THE COUNTY OF PIMA**

8 In the Matter of the Guardianship
9 of:

No.

REPORT OF PHYSICIAN

10 DOB:

11 An Adult Incapacitated Person.

12 _____ a physician, a
13 psychologist, a registered nurse (circle one) licensed to
14 practice in the State of Arizona, submits the following report
15 concerning _____, an alleged
16 incapacitated person, based on an examination on _____,
17 2_____.

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19 1. A specific description of the physical, psychiatric
or psychological diagnosis of the person.
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2. A comprehensive assessment listing any functional impairment of the person 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 himself/herself.

3. An analysis of the tasks of daily living the person is capable of performing without direction or with minimal direction.

4. A list of all medications the person is receiving, the dosage of the medications and a description of the effects each medication has on the person's behavior to the best of the declarant's knowledge.

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5. A prognosis for improvement in the person's condition and a recommendation of the most appropriate rehabilitation plan or care plan.

6. Other information the physician, psychologist or registered nurse deems appropriate.

7. What is the least restrictive living arrangement for the person examined?

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8. Is there any reason why this patient should not personally appear in Court?

Date: _____

Signed: _____

Name: _____

Address: _____