YELLOWSTONE COUNTY
Guardianship Council

Physician Statement of Incapacity and Need for Guardianship

_____is under my care/has been seen in consultation by me
Name of Potential Ward

at _____.
Name of facility

In my professional judgement, this individual lacks sufficient understanding or capacity to make or communicate responsible decisions regarding his/her person including realizing and making rational decisions with respect to his/her need for medical treatment. This incapacity is due to

_____
Diagnosis

As a result, I recommend appointment of a guardian for this individual.

_____ _____
MD or DO Signature Date

_____
Print Signature