

**SAMPLE**

PHYSICIAN'S AFFIDAVIT

**(Emergency-Denied)**

Patient Name: Jane Doe

**TO BE COMPLETED WHEN REQUESTING AN EMERGENCY GUARDIANSHIP**

Nature of the emergency, such as medical, abuse, neglect, exploitation, etc.:

Abuse

If this is a medical emergency, provide the diagnosis:

Developmental delay; possible caregiver abuse

Describe the testing or treatment related to the diagnosis that is urgently needed and cannot be accomplished without imposition of a guardianship and why it is urgently needed within the next 72 hours:

Due to developmental delay, patient needs an immediate caregiver

Do you recommend a change in the code status at this time? ☐ Yes ☒ No

Do you recommend withdrawal of treatment at this time? ☐ Yes ☒ No

If you responded "Yes" to either of the above, please respond to the following:

What is the current code in the patient's file? ☐ Full code ☐ DNR ☐ Other \_\_\_\_\_

Is there a living will in the patient's file? ☐ Yes ☒ No

If yes, please attach a copy.

Have you spoken with the patient about their end of life wishes? ☐ Yes ☒ No

If "Yes", what are their wishes and how you know what their wishes are

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Printed Name

STATE OF \_\_\_\_\_:

COUNTY OF \_\_\_\_\_:

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_ [Name of affiant].

\_\_\_\_\_

Notary Public

**SAMPLE**

PHYSICIAN'S AFFIDAVIT

**(Emergency-Granted)**

Patient Name: David Jones

**TO BE COMPLETED WHEN REQUESTING AN EMERGENCY GUARDIANSHIP**

Nature of the emergency, such as medical, abuse, neglect, exploitation, etc.:

Medical emergency

If this is a medical emergency, provide the diagnosis:

Patient has severe dementia with combative behavior and is refusing treatment for gangrene on hands and feet; immediate treatment is necessary to prevent the spread and to ward against the need for amputation; untreated gangrene can spread quickly and be deadly.

Describe the testing or treatment related to the diagnosis that is urgently needed and cannot be accomplished without imposition of a guardianship and why it is urgently needed within the next 72 hours:

Doctor needs access to the patient to best assess how to treat the gangrene expeditiously, including, if necessary, through emergency surgery, amputation, oxygen therapy and/or injection of antibiotics.

Do you recommend a change in the code status at this time? ☐ Yes ☒ No

Do you recommend withdrawal of treatment at this time? ☐ Yes ☒ No

If you responded "Yes" to either of the above, please respond to the following:

What is the current code in the patient's file? ☐ Full code ☐ DNR ☐ Other \_\_\_\_\_

Is there a living will in the patient's file? ☐ Yes ☒ No

If yes, please attach a copy.

Have you spoken with the patient about their end of life wishes? ☐ Yes ☒ No

If "Yes", what are their wishes and how you know what their wishes are

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Printed Name

STATE OF \_\_\_\_\_:

COUNTY OF \_\_\_\_\_:

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ [Name of affiant].

\_\_\_\_\_  
Notary Public