

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

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.

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