



120 west Main Street, Lehi Utah 84043  
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Agency Representative: Carey Ofahengaue

**MEDICAL REPORT FOR PROCTOR APPLICANT**

(A separate medical form is needed for each applicant)

**TO BE COMPLETED BY APPLICANT**

(Please print)

I, \_\_\_\_\_, give consent to have the following medical information released to the above office.

Physician name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Applicant's Signature \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

(Please print)

In order to make the best possible evaluation of each Proctor applicant, this agency will appreciate receiving the information indicated below.

1. Describe health of applicant (*present and significant past*).

Physical: \_\_\_\_\_

Emotional: \_\_\_\_\_

2. Is this individual currently under treatment?  Yes  No

Condition: \_\_\_\_\_

Prognosis: \_\_\_\_\_

3. Is this individual currently taking any medication?  Yes  No

If yes, for what condition? \_\_\_\_\_

Please list medication name: \_\_\_\_\_

How long has applicant been taking this medication? \_\_\_\_\_

How long do you anticipate this medication will be needed? \_\_\_\_\_

4. Describe any strengths or limitations that could impact the applicant's ability to parent. \_\_\_\_\_

5. Based upon your assessment of the applicant's physical and/or emotional health, would they be able to adequately Provide:

Proctor Care  Yes  No

Comments:

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

Date \_\_\_\_\_