

POWER OF ATTORNEY

Name of service user:			
Date of Birth:		Patient ID Number:	

Section 1: Lasting Power of Attorney (LPA) and Enduring Power of Attorney (EPA)

Does the service user have a LPA or an EPA? <small>(Please tick appropriate boxes)</small>			
1. LPA		2. EPA	
1a. Property and Finance		3. Neither	
1b. Personal health & Welfare		4. Not Known <small>(Give reason)</small>	
Is the LPA/EPA registered with the office of the public Guardian Yes/ No /Not known <small>(Give reason)</small>			

Contact Details for the LPA/EPA: (if more than one address please use the space overleaf)

Name:			
Address:			
Tel:			

Section 2: Advance Decision & Advance Statements

Does this service user have an...				
	Written	Verbal	Not Known <small>(Give reason)</small>	No
Advance Decision to Refuse Medical Treatment				
Advance Decision to Refuse Life Sustaining Medical Treatment				
Advance Statement				
If not known please explain why not				

Contact Details for the Advance Decision and/or Advance Statement (if more than one contact please use the space overleaf)

Where is written version stored and who is the main contact:		If only verbal, who should be contacted and contact details:
Name:		Name:
Address:		Address:
Location:		

Date:	by:	Role:	Review on:
Updated:	by:	Role:	Review on:
Updated:	by:	Role:	Review on:

