

Lasting Powers of Attorney Questionnaire Health and Care

Thank you for consulting us in relation to setting up a Lasting Power of Attorney in relation to your health and care.

Please complete this questionnaire fully and return to us so that we can gauge your instructions ahead of our interview.

Section 1 – Your Personal Details

Please amend any information already entered if it is incorrect or incomplete:

Title and full name: _____

Middle name(s) if not already entered above _____

Date of birth (DD/MM/YYYY): _____ / _____ / _____

Have you been known by any other names in the past? No

Yes

Full postal address: _____

Home Tel No. _____

Work Tel No. _____

Mobile No. _____

Which of the above is your daytime telephone number? _____

Email _____

Are you:

Single

Married/Civil Partnership

Separated

Divorced

Co-habiting

Widowed

Do you have children?

No

Yes

| | |
|---------------------------------|-------|
| Names and dates of birth please | |
| (1) | _____ |
| (2) | _____ |
| (3) | _____ |

Do you have a current Will? Yes / No

If yes, where is it stored? _____

Section 2 – Your initial thoughts on your Attorneys subject to advice

2.1 Attorney 1

Title _____

Name _____

Date of Birth _____

Address _____

Tel. No. _____

Mobile No. _____

Email Address _____

Relationship to you _____

Occupation _____

Your Attorneys should be at least 18, not an undischarged or interim bankrupt and people that you trust completely. You can appoint more than one Attorney and the method of appointment will be discussed at interview. They can only act once the document has been registered at the Office of the Public Guardian. Either you or your Attorneys can complete this registration but the document cannot be used until then. Your Attorneys must always act in your best interests.

2.2 Attorney 2

Title _____

Name _____

Date of Birth _____

Address _____

Tel No. _____

Mobile No _____

Email Address _____

Relationship to you _____

Occupation _____

We will discuss the appointment of your Attorneys at the meeting. In the meantime, you may wish to consider whether they are appointed:

Jointly – this means that all Attorneys must act together at all times in all decisions, for example: all Attorneys would have to sign all withdrawal forms in relation to your assets.

Jointly & Severally – Attorneys may act jointly or independently of each other. For example; this would cover the situation were one Attorney to be on holiday/ill themselves.

2.3 Did you wish to appoint a replacement Attorney?

Title _____
Name _____
Address _____

Tel No. _____
Relationship to you _____
Occupation _____

You can name a replacement(s) Attorney in case an Attorney is unable or no longer wishes to act for you. Your Attorney(s) can change their mind and may not want to act for you. If this is the case, they must tell you and the Office of the Public Guardian.

Section 3 – The decisions that your Attorneys may make for you

This power will enable your Attorneys to act on your behalf in relation to all of your health and care decisions if you lack capacity to do so.

An Attorney can make any decision that you could make about your health and care on your behalf. This will include where you live, what you eat, what you wear, routine medical decisions and the ability for the attorneys to consent or refuse life sustaining treatment. Some health and care decisions will have a financial element to them, for example; a move into residential care involves both elements and therefore a certain element of teamwork between the two sets of appointed Attorneys will be required.

Life Sustaining Treatment

This can be (please indicate which option):

Option A – I want to give my Attorneys authority to give or refuse consent to life sustaining treatment on my behalf

Option B – I do not want to give my Attorneys authority to give or refuse consent to life sustaining treatment on my behalf

Section 4 – who do you want to be notified prior to your LPA being registered?

4.1 Please give details of the first person to be notified:

Title _____

Name _____

Address _____

Tel No. _____

Email address _____

4.2 Please give the details of the second person to be notified:

Title _____

Name _____

Address _____

Tel No. _____

Email address _____

4.3 Please give details of the third person to be notified:

Title _____

Name _____

Address _____

Tel No. _____

Email address _____

Before your LPA can be used, it must be registered with the Office of the Public Guardian. As part of the registration process, you can nominate certain individuals (friends and/or family) to be told of this impending registration so that they may raise objections if they have any concerns. This is an important safeguard because if you lack capacity at the time of registration you will be relying on these people to raise any concerns they may have about the application to register.

You may name up to five people to be notified. We have provided space for three. Please provide further details on a separate sheet if you would like more than three notified. If you choose not to have anyone notified, your LPA must have two certificates provided to confirm that you have understood your LPA.

Thank you for completing this questionnaire. Please return to Justine Alexander, Warner Goodman LLP Portland Chambers, 66 West Street, Fareham, Hampshire PO16 0JR at least three days prior to your meeting.