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 inform	nation already entered if it is inco	rect or inco	omplete:
Title and full name:			
Middle name(s) if not all	ready 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 yo	our 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)	
Do you have a current Will?	Yes / No	
If yes, where is it stored?		



<u>Section 2 – Your initial thoughts on your Attorneys subject to advice</u>

2.1 Attorney 1	
Title	
Name	
Date of Birth	
Address	
Tel. No.	
Mobile No.	
Email Address	
Relationship to you	
Occupation	
2.2 Attorney 2	
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.

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?	Γ	
Title		_	You can name a replacement(s) Attorney in case an Attorney is
Name		-	unable or no longer wishes to act for you.
Address		-	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
Tel No.		-	the Office of the Public Guardian.
Relationship to you		-	
Occupation	-	_	
Section 3 – The decisions	that your Attorneys ma	y make for you	
This power will enable your decisions if you lack capacit		pehalf in relation to all of	your health and care
behalf. This will include w and the ability for the atto care decisions will have a	ny decision that you could meter you live, what you eat, worneys to consent or refuse lift financial element to them, find therefore a certain element to required.	what you wear, routine med e sustaining treatment. Son or example; a move into re	ical decisions ne health and sidential care
Life Sustaining Treatment			
This can be (please indicate	which option):		
Option A – I want to give treatment on my behalf	e my Attorneys authority	to give or refuse conse	ent to life sustaining
Option B – I do not want to	give my Attorneys author	rity to give or refuse cons	sent 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 Private Client department, Warner Goodman LLP, Portland Chambers, 66 West Street, Fareham, Hampshire PO16 OJR at least three days prior to your meeting.

