

Name:	Date of Birth:	Room Number:	<b>System Number: 21.063</b>
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**LASTING POWER OF ATTORNEY**

Has the service user nominated a	Personal Welfare LPA	No <input type="checkbox"/>	Yes <input type="checkbox"/>
	Property and Affairs LPA	No <input type="checkbox"/>	Yes <input type="checkbox"/>

**DETAILS OF THE ATTORNEY(S) APPOINTED LASTING POWER OF ATTORNEY**

Name:	Relationship to service user:
Contact details:	Date LPA was registered with the Office of the Public Guardian:
Name:	Relationship to service user:
Contact details:	Date LPA was registered with the Office of the Public Guardian:
If the service user is believed to lack capacity and the LPA has <b>not</b> been registered with the Office of the Public Guardian, please detail what steps are being taken to ensure this is done:	

**DETAILS OF APPOINTED DEPUTY (IF APPLICABLE WHEN NO LPA)**

Name:
Contact details:
Date Deputy was appointed by the Court of Protection:

**ENDURING POWER OF ATTORNEY DETAILS (if applicable)**

Name:	Relationship to service user:
Contact details:	Date EPA was registered with the Office of the Public Guardian:
If the service user is believed to lack capacity and the EPA has <b>not</b> been registered with the Office of the Public Guardian, please detail what steps are being taken to ensure this is done:	

Staff Signature:	Print Name:	Date:
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Name:	Date of Birth:	Room Number:	
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**ADVANCED DECISIONS**

Has the service user made an Advanced Decision?	For further information please refer to the Mental Capacity Act (2005) Code of Practice)	
Details:		
Staff signature:	Print Name:	Date:

**REVIEW OF THE ADVANCE DECISION**

If there are any changes to the above please make a note of the review date below.

Date reviewed:	Date reviewed:	Date reviewed:	Date reviewed:	Date reviewed:	Date reviewed:
Initials:	Initials:	Initials:	Initials:	Initials:	Initials: