



## HEALTHCARE/ FINANCIAL POWER OF ATTORNEY INTAKE

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Emergency Name and Phone Number Contact: \_\_\_\_\_  
How were you referred to our office: \_\_\_\_\_

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Spouses Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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### Designation of Agents

Name of Person you want to make healthcare decisions for you: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Back up Person you want to make healthcare decisions for you: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Person you want to make financial decisions for you: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Back up Person you want to make financial decisions for you: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Do you wish to be buried or cremated? (circle one) Did you prepay for a burial plot? Y N  
Do you want your agent to request an autopsy? Y N  
Do you want your agent to donate your body to science? Y N  
Do you want your agent to donate your organs? Y N

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If you are in a mental state where you cannot make medical decisions, please provide information that will guide your agent in making decisions for you. For example, many clients wish to have medication to stay comfortable, but do not want all possible steps taken to extend life as long as possible. \_\_\_\_\_

Attorney's Notes: \_\_\_\_\_  
\_\_\_\_\_

Fee Quoted: \$ \_\_\_\_\_