

To Whom It May Concern:

Dear Sir / Madam

Health practitioner's certificate of mental incapacity for enduring power of attorney in relation to property.

Sections 97(5) and 100A(2), Protection of Personal and Property Rights Act 1988

Re:

DOB:

NHI:

Address:

Phone:

Problem List	1
	2
	3

I, ***(insert own name)***, a health practitioner certify that -

1. I am ***(specify type of registration)*** registered with the ***(specify registration body)***, as a ***(specify role) (specify registration number)***. I am working with ***(specify service)***.
2. My scope of practice includes the assessment of a person's mental capacity. ***(if the EPOA requires a health practitioner with a specific scope of practice, then use the following sentence, otherwise delete)*** My scope of practice includes the assessment of a person's mental capacity; and is the same as that specified in the enduring power of attorney.
3. On ***(insert date)***, I examined / assessed ***(insert name of donor)***, the donor of power of attorney in relation to property (executed in ***year of execution***) to ascertain their mental capacity. I also spoke with - or reviewed - ***(insert any collateral or other sources of information)***.
4. In my opinion the donor is mentally incapable because they are not wholly competent to manage their own affairs in relation to their property.
5. The reasons for my opinion are - ***(insert reasons for clinical opinion)***.

Please contact me if you require any further information regarding this matter.

Thank you.

Yours sincerely,

Signed:

Dated at *(insert time)*, this *(date)* day of *(month)*, *(year)*.

Name

Title

Professional Address