

POWER OF ATTORNEY CHECK LIST

Date: _____

NOTES:

Client: _____

Initial contact: _____

Phone # _____

Address: _____

Referral: Yes /No _____

Is there an existing POA? Yes/No

Is Revocation/letter necessary? _____

Follow up: _____

RED FLAGS: _____

Appointment scheduled: Home /Office

Reminders:

- Third party attending _____

Relationship _____

Will be in Waiting Room

Mobility issue: _____

Competency Issue: _____

Physician: _____ Meds: _____