

Record-Keeping Form: Attorney for Personal Care

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*This is a form that an attorney for personal care can use to keep records in accordance with the Enduring Powers of Attorney Act in New Brunswick. Before you fill out this form, you should read the PLEIS-NB guide called **Enduring Powers of Attorney: Being an Attorney**.*

Name _____

Address _____ City/Prov. _____

Postal Code _____ Tel. _____ Email _____

Date of enduring power of attorney _____

Date you began acting as an attorney for personal care _____

Name of grantor _____

Decisions of attorney for personal care

Make a list of the decisions you have made in relation to the grantor's health care, accommodation, and support services.

| Date | Decision | Reason for decision |
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