

Best Interest Decision

Please note: If copy and pasting information, please ensure text fits in the boxes provided. Additional space is provided on **page 4** for any more information.

Name:	
Address:	
DOB:	
Is there a known LPA for Health and Welfare, relative, friend or formal advocate to consult with? Yes/No If No, please consider if formal advocacy is required.	
Name:	
Address:	
Tel No:	

Decision to be made:

Who has been consulted:

Name	Relationship to person	Contact details

What are the person's past and present feelings/wishes:

What are the views of others (family/professionals/IMCA/LPA)?

Options (please provide more than one option)

OPTION 1 BENEFITS	OPTION 1 RISKS
OPTION 2 BENEFITS	OPTION 2 RISKS
OPTION 3 BENEFITS	OPTION 3 RISKS
OPTION 4 BENEFITS	OPTION 4 RISKS

Summary of the Discussions / Meeting (please include any conflict in views)

Outcome of the Discussions / Meeting

Decision Maker:

Signature:	Date:
Name:	Job Title:
Relationship to patient:	LPA for Health and Welfare?

Please return this form to the relevant Moya Cole Hospice site, using the following details:

Heald Green:
2 Hardy Field Lane, Heald Green,
Cheadle, SK8 3SZ
Phone: 0161 437 8136
Email: nehgm.moyacolereferrals@nhs.net

Little Hulton:
Meadowsweet Lane, Off Peel Lane, Little
Hulton, Worsley, M28 0FE
Phone: 0161 702 8181
Email: nehgm.moyacolereferrals@nhs.net

For information about how Moya Cole Hospice processes personal information, see our privacy notice here:
www.moyacole.org.uk/privacy-policy

Additional Information