

Deputy report for health and welfare decisions

Deputy and client information

Case number 4

4562890t

Reporting period

Start date

01 / 02 / 2017

End date

31 / 01 / 2018

Deputy details
First names
LAY Deputy original-lay- deputy-3369@fixture.com
Last name
User
Address
Victoria Road
SW1
Telephone number
0791111111111
Client details
First names
John
Last name
4562890T-client
Address
Victoria road
Birmingham West Midlands
B4 6HQ
Telephone number
022222222222
Email
original-lay-deputy-3369@fixt

Decisions made over the reporting period

No decisions made:	
No need for decisions	
Mental capacity	
decisions changed?	Stayed the same
When was John's m	ental capacity to make decisions last ssional (such as a psychiatrist or
When was John's massessed by a profe	ental capacity to make decisions last
When was John's massessed by a profesocial worker)?	ental capacity to make decisions last ssional (such as a psychiatrist or
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Visits and care

Do you live with John? X Yes No
Care arrangements
Does John receive care that is paid for? Yes X No
If yes, how is the care funded?
John pays for all the care
John gets some financial help (for example, from the local authority, council or NHS)
All John's care is paid for by someone else (for example, by the local authority, council or NHS)
Who is doing the caring?
me
Does John have a care plan? Yes X No

Health and lifestyle

Describe John's health and provide details of any care appointments you or John attended	
no	
Does John take part in any leisure or social activities?	
Yes X No	
Tell us about why John does not take part in any leisure or social activities.	

John's assets

Does John own any assets?



X John has no assets

John's debts

Does John have any debts?

X John has no debts

Gifts

Have you given any gifts to other people on John's behalf during this reporting period? Yes X No
Actions you plan to take
Do you expect John's circumstances to change in the next 12 months? Yes X No
Do you have any concerns about your deputyship? Yes X No
Any other information
Is there anything you'd like to tell us that hasn't been covered elsewhere in your report? Yes X No
Documents
Would you like to upload supporting documentation? Yes X No