**BEST INTEREST DECISION**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| DOB |  |
| Is there a known LPA/relative/friend to consult with? YES/NO If yes: |
| Name |  |
| Address: |  |
| Tel No: |  |

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| --- |
| Decision to be made: |

Who has been consulted:

|  |  |  |
| --- | --- | --- |
| Name | Relationship to person | Contact details |
|  |  |  |
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| What are the person’s past and present feelings/wishes: |

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| What are the views of others (family/professionals/IMCA/LPA)? |
| OPTION 1 BENEFITS | OPTION 1 RISKS |
| OPTION 2 BENEFITS | OPTION 2 RISKS |
| OPTION 3 BENEFITS | OPTION 3 RISKS |

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| --- |
| Summary of the Discussions / Meeting |
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| Outcome of the Discussions / Meeting |
|  |

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| **Decision Maker:** |

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |