

Morici & Morici, LLP

Attorneys at Law

1399 Franklin Avenue Suite 202
Garden City, NY 11530
Office (516) 873-1902 Fax (516) 873-3948

Health Care Proxy Intake Sheet

Consult date: _____

Union affiliation, if any: _____

Intake by: _____

Referred by: _____

Full Name: (middle initial, if any) _____

Address: _____

Phone Number(s): _____

Email: _____

Proposed HCP: _____

Address of Proposed HCP: _____

Alternate HCP: _____

Address of Alternate HCP: _____

Organ Donor?: _____

Additional Information: _____

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Power of Attorney Intake Sheet

Consult date: _____

Union affiliation, if any: _____

Intake by: _____

Referred by: _____

Full Name: (middle initial, if any) _____

Address: _____

Phone Number(s): _____

Email: _____

Proposed POA: _____

Address of Proposed POA: _____

Successor POA: _____

Address of Successor POA: _____

Additional Information: _____
