Health Practitioner’s Certificate of Mental Capacity

Place on letterhead

I [*full name, address, registration number of health practitioner*], a health practitioner, certify that:

* I am a health practitioner registered, or deemed to be registered, with The Royal New Zealand College of General Practitioner as a practitioner in General Medicine.
* My scope of practice includes the assessment of a person’s mental capacity.
* In my opinion, [*full name*] [DOB] is mentally capable because he/she is wholly competent to manage his/her own affairs in relation to signing of any legal documents which documents may include but not be limited to, the signing of Wills, Enduring Powers of Attorney and any agreements for sale and purchase of his/her property.
* The reasons for my opinion are: [*specify*]

 Date

 Dr[ *name*]

 Qualifications

Need more help?

Contact the NZMA:

**Phone** │ 0800 65 61 61

**Email** │ Robyn Fell: robyn@nzma.org.nz