



Kaukauna Clinic, SC
305 East 12th Street
Kaukauna, WI 54130
Phone: 920.766.4656 Fax: 920.766.4659

Patient's Name _____

Patient's Date of Birth: _____

POWER OF ATTORNEY FOR HEALTH CARE FINDING OF INCAPACITY

Statement of Physician:

I have personally examined _____ and find
(Patient's Name)
patient has incapacity as defined in Wisconsin Statute 155.01(8)*

Physician's Signature Date

Statement of Second Provider:

I have personally examined _____ and find
(Patient's Name)
patient has incapacity as defined in Wisconsin Statute 155.01(8)*

Provider's Signature Date

No, I do not find _____ has incapacity at this time.
(Patient's Name)

Provider's Signature Date

***Wisconsin Statute 155.01(8):**

“Incapacity” means the inability to receive and evaluate information effectively or to communicate decisions to such an extent that the individual lacks the capacity to manage his or her health care decisions.

***Wisconsin Statute 155.05(2):**

Unless otherwise specified in the power of attorney for health care instrument, an individual's power of attorney for health care takes effect upon a finding of incapacity by 2 physicians, as defined in s. 448.01 (5), or one physician and one licensed advanced practice clinician, who personally examine the principal and sign a statement specifying that the principal has incapacity. Mere old age, eccentricity or physical disability, either singly or together, are insufficient to make a finding of incapacity. Neither of the individuals who make a finding of incapacity may be a relative of the principal or have knowledge that he or she is entitled to or has a claim on any portion of the principal's estate. A copy of the statement, if made, shall be appended to the power of attorney for health care instrument.