|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date of Birth** |  |
| **NHS No.** |  | **Date & time of Assessment** |  |

|  |
| --- |
| 1. What is the decision the person needs to make/the decision that this capacity assessment relates to (brief summary)? |
|  |
| 2. What reasonable efforts been made to help the person make the decision (describe the help given e.g. provision of memory aids, support from a carer/ relative, provision of information in the way the person is most likely to understand it, such as via non-verbal communication tools)? |
|  |
| 3. Can the person make this decision at the time it needs to be made (by reference to the points at 3a to 3d below)? |

|  |  |
| --- | --- |
| 3a. Can the person **understand the information** relevant to this decision (nature + purpose + reasonably foreseeable consequences)? Please give details (record how you tested whether the person could understand the information, including the questions you used, how you presented the information, the responses the person gave to your questions, and your findings) | Yes/No |
|  |  |
| 3b. Can the person **retain the information** for long enough to use it to make this decision? **Note that a person’s ability to retain information for only a short period does not prevent them from being able to make the decision.** Please give details (record how you tested whether the person could retain the information, and your findings) | Yes/No |
|  |  |
| 3c. Can the person **use or weigh up the information** as part of the process of making this decision? Please give details (record how you tested whether the person could use and weigh the information, including the person’s ability to identify relevant options and the risks and benefits of each, and your findings) | Yes/No |
|  |  |
| 3d. Can the person **communicate** this decision (whether by talking, sign language or any other means)? Please give details (record your findings about whether the person can communicate the decision) | Yes/No |
|  |  |
| 4. Does the person have an impairment of, or disturbance in, the functioning of their mind or brain? (This could result from (e.g.) symptoms of alcohol/ drug use, delirium, concussion, conditions associated with mental illness, dementia, significant learning disability, drowsiness or loss of consciousness due to a physical or medical condition). Please give details (describe the nature and degree of the impairment/ disturbance. Where the impairment/ disturbance arises out of a specific diagnosis, state the diagnosis/es).  | Yes/No |
|  |  |
| 5. Is the person unable to make this decision at the time it needs to be made **because of** the impairment or disturbance identified at 11 above?Please give details (explain **why** the person is unable to make this decision, at the relevant time, **because of** the impairment/ disturbance – **you must establish the link between the impairment/ disturbance and inability to decide**) | Yes/No |
|  |  |
| 6. If the person lacks capacity to make this decision, is it likely that they will regain capacity to make it? Please give details | Yes/No |
|  |  |
| 7. If it is likely that the person will regain capacity to make this decision, can it wait? Please give details | Yes/No |
|  |  |
| 8. If the person lacks capacity, is there a person appointed to take this decision on the person’s behalf (e.g. court appointed deputy or an attorney)? Please give details (check the court order/ attorney document to ensure relevant authority has been granted, and retain a copy; provide the name and contact details of the appointed person) | Yes/No |
|  |  |
| 9. What recommendations/ actions result from this capacity assessment? Please give details (what actions are required by whom, by when?). **You must include a date for review of this assessment, by whom** | Review date, by whom |
|  |  |

|  |
| --- |
| On the balance of probabilities the person **HAS/ LACKS** (delete one) capacity to make this decision at the time it needs to be made |

|  |  |
| --- | --- |
| **Name and signature of assessor** |  |
| **Designation/ position of assessor and contact details** |  |