

Mental Capacity Assessment



Mental Capacity Act 2005

Hospital no:	_____
NHS no:	_____
Surname:	_____
Forename:	_____
Gender:	D.o.B: / /

Mental Capacity Act 2005 states:
All Adults are assumed to have capacity;
any assessment of capacity is time and decision specific

What is the decision that the person needs to make?		
Is there an impairment of, or disturbance in the functioning of the person's mind or brain? If yes, specify what this is? E.g. Cognitive impairment or substance misuse and summarise how you have reached your conclusion.	Yes	No

- If you have answered **YES** continue with this assessment
- If you have answered **NO**, go straight to the **Outcome of Assessment** section at the end of this form, record that the person has capacity and the decision that they have made, **(the person cannot lack capacity** within the meaning of the Mental Capacity Act 2005.)

Does this decision need to be taken now? Please state reason for decision. Can it be delayed? Is there a likelihood of the person regaining capacity? What is the timescale for making this decision?	Yes	No
What information is relevant to this decision? What choices are available? What are the likely consequences of or risks involved in deciding one way or another, or making no decision at all? What are the benefits?		
How have you planned this assessment? Specify what information has been shared and how you have supported the individual in the decision making process, e.g. time preference, different venues, use of photographs, cue cards and interpreter if required.		

Name	Trust number	Date		
1. Do you consider the person able to understand the information relevant to the decision to be made? Summarise how you reached your conclusion by reference to the relevant information and the circumstances under which you discussed it with the person.			Yes	No
2. Do you consider the person able to retain the information for long enough to use it in order to make the decision? Most decisions require a person to be able to retain the information for a short time only. Significant or more difficult decisions may require the person to retain the information over several days. Summarise how you reached your conclusion by reference to the relevant information and the circumstances under which you discussed it with the person.			Yes	No
3. Do you consider the person able to use or weigh that information as part of the decision-making process? Was the person able to consider the advantages and disadvantages of possible outcomes? Were they able to adjust their position in the light of new information? Summarise how you reached your conclusion by reference to the relevant information and the circumstances under which you discussed it with the person.			Yes	No
4. Do you consider the person able to communicate – verbally or non-verbally their decision? Summarise how you reached your conclusion with reference to the relevant information and the circumstances under which you discussed it with the person.			Yes	No
Outcome of Assessment				Tick
If the answer to ALL of the questions 1-4 is YES – The patient has capacity at this time for this decision only. Decision made on the balance of probability				
If the answer to ANY of the questions 1-4 is NO – The patient does not have capacity at this time for this decision only.				

Unless there is a valid and applicable advance decision or another person has the authority to make this decision - *for example a Power of Attorney or a Court Appointed Deputy* - a decision must be made following the best interests process. Appoint an IMCA if the individual is unbefriended.

Details of those consulted/ involved in this assessment:		
Including an independent 3 rd party e.g. relative, friend, Independent Mental Capacity Advocate (IMCA)		
Name	Role/Relationship	Views
Signature of assessor:		Date:
Name and Job Title:		Contact Details: