

MENTAL CAPACITY BEST INTEREST ASSESSMENT

v1

Affix patient label

Definition Any act or decision made for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests.

Before the act is done, or the decision made, regard must be had as to whether the outcome for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action. (*The Mental Capacity Act 2005*)

1) What is the decision or action being considered?

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2) Will the individual recover capacity if the assessment is delayed? Yes No

If Yes, delay until capacity regained, but state reason why capacity will be recovered and when will this be likely:

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3) What are the views of the patient in relation to this decision?

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4) Document below evidence that you have considered the individual's past and present wishes, feelings, beliefs, values and any other relevant factors

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5) Have you consulted either ?

- a) anyone named by the patient
- b) anyone involved in caring for the patient or clearly interested in his / her welfare?

Name of persons consulted:

What are their views ? :

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6) Is there a valid Lasting Power of Attorney (LPA) or a Court of Protection appointed Deputy?

Yes No

If yes, name the individual.....

Has the decision maker verified the LPA? Yes No

Date LPA registered:

7) If the decision or act involves serious medical treatment, or where they should live, and there is no-one in the above categories, an 'Independent Mental Capacity Advocate' (IMCA) will be required

Date of referral:

8) Is there a valid 'Advance Decision to Refuse Treatment' (ADRT) Yes No

Is there an 'Advanced Care Plan' or statement regarding this decision Yes No

If yes to either of above please document here what they are:

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9) Document what action or decision has been decided is in the persons 'Best Interests'

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10) Signature of professional assuming overall responsibility for this process:

Signed:

Name:

Designation: Date/Time: /.....

Contact details:.....