

**MENTAL CAPACITY ACT : CAPACITY ASSESSMENT FORM**

Before completing this form, check whether there are substitute decision making arrangements in place that would make an assessment of capacity unnecessary ~ see guidance section 7

**Part 1 : Capacity Assessment**

<b>User of service:</b>	<b>Identifying Reference:</b> (e.g. Date of Birth/ Record ID)
<b>Details of decision required:</b>	
<b>Decision Maker:</b>	
<b>Name:</b>	<b>Role:</b>
<b>Contact:</b>	
<b>Capacity Assessment : Stage 1 : Diagnostic Threshold : (Guidance Section 9)</b>	
<b>Is there an impairment in or a disturbance of the functioning of the mind or brain?</b>	
<p><b>No</b></p> <p>If no, person cannot be deemed to lack capacity under the Mental Capacity Act</p> <p>Assessment is ended</p>	<p><b>Yes</b></p> <p><b>Evidence recorded in:</b></p> <p>Complete stage 2</p>
<b>Capacity Assessment : Stage 2 : Functional Test</b>	
<b>Can the person understand the information relevant to the decision?</b>	
<b>Specify Support Given (Refer to Guidance 10.5-7):</b>	
<b>Yes (Give reasons)</b>	<b>No (Give reasons)</b>

<b>Can the person retain the information for long enough to make the decision?</b>	
Specify Support Given (Refer to Guidance 10.8-9):	
Yes (Give reasons)	No (Give reasons)
<b>Can the person weigh the information as part of the decision making process?</b>	
Specify Support Given (Refer to Guidance 10.10-13):	
Yes (Give reasons)	No (Give reasons)
<b>Can the person communicate the decision?</b>	
Specify Support Given (Refer to Guidance 10.14-15):	
Yes (Give reasons)	No (Give reasons)
<b>Conclusion : Does the person have capacity to make the decision?</b> YES : If 'yes' to ALL of the elements of Stage 2 NO : If 'no' to ANY of the elements of Stage 2	
<b>YES</b> Person has capacity to make decision. Assessment process ended.	<b>NO Person lacks capacity (give reason)</b> Complete Sections 2 & 3
<b>Signature of Decision Maker :</b>  <b>Date:</b>	

**Part 2: IMCA Service (Guidance Section 11)**

Independent Mental Capacity Advocate (IMCA) Service	
<p>Does the decision relate to</p> <ul style="list-style-type: none"><li>• Serious medical treatment OR</li><li>• Long term accommodation change OR</li><li>• Vulnerable Adult Protection (POVA) Process OR</li><li>• A Care Review</li></ul>	
<p><b>AND</b></p> <p>Does the person</p> <ul style="list-style-type: none"><li>• Lack capacity AND</li><li>• Have no one else appropriate to consult (see IMCA guidance)</li></ul>	
<p>If the answer is YES to both parts a referral <b>MUST</b> be made to the IMCA service.</p>	
<p>Referral to be made to IMCA service?</p>	
<p>YES</p>	<p>NO</p>
<p>Date referral made:</p>	
<p>Name &amp; role of person making referral (if not decision maker):</p>	

**Part 3: Best Interests (See Guidance Sections 12 – 15)**

3.1 Relevant Party Best Interests Consultations (Guidance Section 13)
<p>Anyone engaged in caring for person or interested in her / his welfare</p>
<p>Specify person(s) with Date and summary of consultation</p>
<p>Is there someone who has the legal authority to make the decision? (Guidance Section 7)</p>
<p>Specify person holding legal authority:</p>
<p>Individuals named by person lacking capacity as someone to be consulted</p>
<p>Specify person(s) with Date and summary of consultation</p>
<p>Other relevant people to be consulted on Best Interests:</p>
<p>Specify person(s) with Date and summary of consultation</p>

**3.2 Best Interests Considerations (Guidance Section 14)**

**Is there a substitute Decision-Making arrangement for the decision? (See Guidance Section 7)**

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**What is known of the person's past and present wishes, feelings and concerns in relation to the decision?**

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**What is known of the person's values, beliefs and cultural identity in relation to the decision?**

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**Are there any other circumstances or factors that are relevant to the decision?**

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**What are the findings of the IMCA report (if appointed)?**

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3.3 Decision considered to be most in person's best interests (Guidance Section 15)

Reasons for considering this option to be most in person's best interests (refer to Best Interests consultation and considerations in Parts 3.1 & 3.2):

Other options considered and reasons for discounting them

Option	Reasons
1.	
2.	
3.	
4.	

What is the response of the person who lacks capacity to the decision?  
Is there a disagreement over the final decision with anyone who was consulted?

▼

Deleted: ¶

Signature of Decision Maker:	Date:
Signature of Senior / Line Manager:	Date:

**Relevant Party Best Interests Consultation Record Sheet**

**Decision to be made:**

In relation to .....(person deemed to lack capacity)

**Person being consulted**

**Name:**

**Role / relationship to the person**

**What do you know of the person's wishes, beliefs, feelings, or values that would be relevant to this decision?**

**Views:**

**What do you consider to be in the person's best interests in relation to this decision?**

**Views:**

**Date:**

**Signature of person consulted:**

**Signature of Decision Maker:**