

APPENDIX 1: MENTAL CAPACITY ASSESSMENT TOOL / RECORD

Patient Name:
Date of Birth:
Hospital Number:
(Patient Sticker)

Date and Time of Assessment:
Name of Assessor:
Signature:
Position / Role:

What is the specific decision that needs to be made?		
What is the key information the patient needs to be given and understand in order to make this decision?		
What steps have you taken to help the patient to take the decision for themselves?		
Can the decision be delayed because the patient is likely to regain capacity in the near future? (please indicate below)		
YES: Defer assessment	NO: They are unlikely to regarding capacity	NO: Not appropriate to delay. Specify reason why:

Assessment of Capacity

- This is specific to the decision detailed above and not a general determination
- For each answer below include information to evidence your conclusion e.g. verbatim questions and answers,

Where was the assessment completed?		
Who was present during the assessment?		
Name, relationship to the person / reason for being present		

patients views and opinions, how you supported the patient

- Reference any documents that provide supporting evidence

Question 1

<p>Is there evidence of an impairment of, or a disturbance of the functioning of the mind or brain (permanent or temporary) that may affect the person ability to make the above decision?</p>	<p>YES: describe the disturbance i.e. behaviours, symptoms or any relevant diagnosis:</p> <p>If YES proceed to capacity assessment</p>	<p>NO: Impairment is not present</p> <p>The person is deemed to have mental capacity for the decision and you cannot progress with assessment.</p>
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Question 2

<p>a) With all possible help given, is the patient able to understand the information relevant to this decision?</p> <p>e.g. What is their understanding of the decision in question? Can they explain why they think the decision needs to be made? What do they think the consequences of the decision will be?</p>	<p>YES:</p>	<p>NO:</p>
<p>b) Are they able to retain the information related to the decision?</p> <p>Information does not need to be retained permanently, but certainly long enough to make the decision?</p>	<p>YES:</p>	<p>NO:</p>
<p>c) Are they able to weigh and use the information as part of the decision making process?</p> <p>Are they able to understand the consequences of making or not making the decision?</p>	<p>YES:</p>	<p>NO:</p>
<p>d) Are they able to communicate their decision?</p> <p>Consider if support / communication aids are required</p>	<p>YES:</p>	<p>NO:</p>

Conclusion: If the answer is **NO** to any part of question 2, the patient lacks capacity under the Mental Capacity Act 2005 for the assessed decision. **Please tick relevant box below**

<p>The patient HAS capacity for the above decision</p>	<p>The patient LACKS capacity for the above decision</p>
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Retain assessment form in patients' medical notes.