

Mental Capacity Assessment Form

This mental capacity assessment form should be completed by a health or social care professional who knows the person best where there is reason to doubt that a person may lack mental capacity to make a specific decision at the time it needs to be made.

Date of Assessment:..... Name of Person:.....

Ref No:..... Address:.....

Postcode:.....

Location where the assessment is being carried out:.....

Please note: If copy and pasting information, please ensure text fits in the boxes provided. Additional space is provided on **page 4** for any more information.

1. What is the Decision to be made:

| | |
|---|--|
| <p>Full details of the decision to be made</p> <p><i>(Please note that mental capacity is time and decision specific. If more than one decision needs to be made the person's ability to make each decision needs to be assessed separately).</i></p> | |
|---|--|

2. Support:

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| <p>Explain what support has been provided in order to help the person make the decision</p> <p><i>(I.e. Aids, Interpreter, environmental adjustments etc.)</i></p> | |
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3. MENTAL CAPACITY ASSESSMENT

Stage 1: Functional Assessment

| | |
|--|---|
| <p>Is the person able to UNDERSTAND the information relevant to the decision?</p> | <p>Yes [] No []</p> <p><i>Please describe how you have reached your decision:</i></p> |
|--|---|

| | |
|--|---|
| <p>Is the person able to RETAIN the information long enough to make the decision?</p> | <p>Yes [] No []</p> <p><i>Please describe how you have reached your decision:</i></p> |
| <p>Is the person able to USE the information in the process of making the decision?</p> <p><i>(i.e. weigh up the pro's and con's)</i></p> | <p>Yes [] No []</p> <p><i>Please describe how you have reached your decision:</i></p> |
| <p>Is the person able to COMMUNICATE their decision to you (by any means)</p> | <p>Yes [] No []</p> <p><i>Please describe how you have reached your decision:</i></p> |

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| <p>Stage 2: Diagnostic Assessment</p> | |
| <p>What is the nature of the impairment or disturbance to the person's mind or brain?</p> <p><i>(Temporary or permanent)</i></p> | |

| | |
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| <p>Stage 3: Causative Nexus</p> | |
| <p>Once you have identified an impairment or disturbance in the functioning of the mind or brain, it is important to decide whether the inability to make the decision is because of the impairment or disturbance, this is known as the "causative nexus".</p> <p>Only where you can reasonably say that the person cannot make the decision because of the impairment or disturbance of the mind or brain can you say they lack mental capacity to make the decision:</p> | |
| <p>The person cannot make the decision because of the impairment or disturbance in the functioning of the mind or brain</p> | <p>Yes []</p> <p><i>Please describe how you have reached your decision:</i></p> |

| | |
|--|---|
| | |
| If the inability to make the decision is NOT due to an impairment or disturbance in the functioning of the mind or brain, consider is the person making an unwise decision | No [<input type="checkbox"/>] <i>Please describe how you have reached your decision:</i> |

| | |
|--|---|
| 4. Conclusions: | |
| <p>What is YOUR reasonable conclusion regarding the person's mental capacity to make the specific decision?</p> <p>PLEASE NOTE THERE WOULD HAVE TO BE A NEGATIVE OUTCOME IN ONE OR MORE OF THE DOMAINS IN ORDER FOR THE CONCLUSION TO BE THE PERSON LACKS MENTAL CAPACITY TO MAKE THE DECISION</p> | <p>[<input type="checkbox"/>] The person has the mental capacity to make the decision</p> <p>[<input type="checkbox"/>] The person lacks the mental capacity to make the decision</p> <p><i>Please describe how you have reached your decision:</i></p> |

| | |
|------------------------------------|--|
| 5. Assessment completed by: | |
| Name: | |
| Job Title: | |
| Signature: | |
| Date Completed: | |
| Time Completed: | |

Please return this form to the relevant site:

Please return this form to the relevant Moya Cole's site, using the following details:

Heald Green:
Moya Cole Hospice,
2 Hardy Field Lane,
Heald Green, Cheadle, SK8 3SZ
Phone: 0161 498 3608
Email: nehgm.moyacolereferrals@nhs.net

Little Hulton:
Moya Cole Hospice,
Meadowsweet, Lane, Off Peel Lane,
Little Hulton, Worsley, M28 0FE
Phone: 0161 702 5408
Email: nehgm.moyacolereferrals@nhs.net

For information about how Moya Cole Hospice processes personal information, see our privacy notice here:
www.moyacole.org.uk/privacy-policy

Additional Information

A large empty rectangular box with a black border, intended for providing additional information.