

CAD REFERENCE

Crew Information		
Role	Call Sign	Signature
Lead Clinician		
Clinician Two		
Clinician Three		

Mental Capacity Assessment Form

To be completed in every patient contact where concerns surrounding a patient's mental capacity exist or they refuse treatment against medical advice. To be used in conjunction with COPOL39 "Capacity and Consent Policy".

Patient Name	Patient's Home Address	Patient's Date of Birth

Is there an impairment of, or a disturbance in the functioning of the person's mind or brain? If so, is that impairment affecting their ability to make this decision now?

Give the source of the information. Consider if the impairment is temporary or permanent. **Yes / No**

Is the Patient able to understand the information relevant to the decision to be made?

Summarise the information provided to the patient and their responses. **Yes / No**

Is the patient able to retain the information long enough to use it?

Most decisions require a person to be able to retain the information for a short time only. Significant or more difficult decision may require the person to retain the information for longer. **Yes / No**

Do you consider the person able to use or weigh that information?

Was the person able to consider the advantages and disadvantages of the possible outcome? **Yes / No**

Do you consider the person able to communicate their decision?

What did they communicate and how?

Yes / No

Outcome of Assessment

Does the Patient have the capacity to make this particular decision? Explain your conclusions below

Yes / No

Details of those Consulted/ Involved in this Assessment**Name****Role/ Relationship****Views****Assessor's Name****Date****Signature****Time****This Assessment *must* adhere to the principles of the Mental Capacity Act:**

- The patient must be assumed to have capacity unless it is established that he lacks capacity
- The patient is not to be treated as unable to make a decision unless all practicable steps to help him to do so have been taken without success
- The Patient is not to be treated as unable to make a decision merely because he makes an unwise decision.

NB

1. If the patient does not have an impairment of the mind of brain or their impairment is not affecting their ability to make this decision, then they have Mental Capacity and it is their choice. Remember to still offer worsening advice etc.
2. If the answer to any of the questions is no, then the patient lacks the Mental Capacity to make that decision
3. If the patient lacks Mental Capacity, establish if there are any delegated decision makers, i.e. LPA Health and Welfare, Deputy for Health and Welfare or Advanced Decision.
4. If there is not valid and applicable decision maker, make a best interest decision following the Best Interest Checklist, found in section 4 of the Mental Capacity Act, ensure you consult with family, carers etc and if possible, consider the wishes and feelings of the patient or any previous decisions the patients may have made on this issue. Ensure you consider all viable options.