

**MENTAL CAPACITY ASSESSMENT**

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| **Capacity Assessment** | |
| 1. What is the decision to be made |  |
| 2) Information provided to the patient so that they can make an informed decision |  |
| 3) Can the patient retain the information provided to them? |  |
| 4) Can the person demonstrate they understand the consequences of their decision? |  |
| 5) Can the patient communicate their decision?  (Ensure that all has been done to assist the patient in communicating their decision) |  |
| If the answer is no to points 3, 4 or 5 above then the patient is said to lack capacity. The assessor must record that the lack of capacity to make a decision is caused by the impairment or disturbance in the functioning of the persons mind or brain, and not due to other factors (such as outside coercion, a history of being an indecisive person or the decision being significant and the person needs more time to consider it) Please refer to the JRCALC flowsheet for further guidance. | |
| **Disclaimer:** This is to certify that at my own insistence, and against the advice of:  **QML Staff Name(s):**  **Position(s):**  I have been informed by them of the dangers of discontinuing my care at this time. I release the company and its employees and all those involved in my care, from liability for any adverse results caused by my discontinuation of their service prematurely.  **Patients Name: Patients Signature:**  **Time & Date:**  **Witness Name: Witness Signature:** | |
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