***Please note that these are prompts to help consider factors relevant to assessing capacity and not a formal requirement.***

**Patient details:**

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Criteria: to determine capacity | Evidence: questions asked, and responses given |
| **Define the decision in question**Eg: accepting care, medication, financial decisions |     |
| Does the person **understand** the information relevant to the decision?* Why the action or decision is needed
* The likely effects of making the decision
* The likely effects of not making the decision
* Any other choices or options open to the person?
 |  |
| Is the person able to **weigh up** information as part of the decision-making process?* Is the person able to foresee the different outcomes or possible consequences of one choice rather than another?
 |  |
| Do you consider the person able to understand the information but unable **to act** on this because of his/her mental or physical state |  |
| Do you consider the person is able to **retain** the information relevant to the decision?* The question of how long a person needs to retain information to make an effective decision will vary. They need to remember salient information long enough to reach their decision
* Aids such as videos, written summaries and voice recorders could be used to support memory
* You may need to speak to someone several times to go over the information and see if his/her response is the same because the key thing is that they make the same decision consistently each time, even if they forget in between times
 |  |
| Do you have concerns about the person’s ability to communicate their decision? |  |

|  |
| --- |
| **Section 7: Conclusion**  |
| **I consider that the person has the capacity to make this decision YES/NO** (please circle or delete)Please describe why, on the balance of probability, that the person has or lacks capacity**:**  |
| **I consider that it is appropriate to delay this assessment until such time that a person is better able to discuss their views and make decisions.**Explain your reasoning: |
| **Signature of assessor:****Date:****Job role:** |