

Mental Capacity Assessment Form (Mental Capacity Act 2005)

This assessment should be used for any health, social care or financial interventions where a person's mental capacity to consent/decide is in question. The person must be aged 16+ and have an impairment of, or a disturbance in the functioning of, the mind or brain. This form follows the order in the case of *A Local Authority (Respondent) v JB (by his Litigation Friend, the Official Solicitor) (Appellant) 2021 UKSC 52*.

Name of person
being assessed:

Date:

Time:

The health, social care or financial decision required:

If **No** for any point below **give details** of what the person could not do in relation to one or more of the four points **and** explain what **practicable steps** were taken to overcome the problem.

If **Yes** for any point below please detail what the person understood and how this was indicated, how retention of the information was shown, evidence of using or weighing the information (what did the person say or do) and how the decision was communicated.

Failure on any one point means the person lacks capacity at this time to the decision asked of them.

1. Understood the information relevant to the decision

(including reasonably foreseeable consequences of the decision)

Yes / No

2. Retained that information *(long enough to make a decision)*

Yes / No

3. Used or weighed the information to make this decision

Yes / No

4. Communicated their decision *(in any way recognised by the assessor)*

Yes / No

If a person cannot do any one of the above, this must be **because of** an impairment of, or a disturbance in the functioning of, the mind or brain. Explain that **link** below:

Completed by
Name (print):

Signature:

This form is not a substitute for the Act or case law. Nothing in it is intended to be, or should be, relied upon as legal advice.
It can be photocopied for local use. It can also be downloaded from: www.bookswise.org.uk