

# Mental Capacity Assessment Form for At-Risk Adults

## 1. Person Being Assessed

Name

Date of Birth

Assessment Date

Assessor Name & Role

## 2. Assessment Details

Decision to be made

Reason for Assessment

## 3. Capacity Assessment

Is there an impairment or disturbance in the functioning of mind or brain?

If yes, details

Can the person:

a) Understand information relevant to the decision?

b) Retain that information long enough to make a decision?

c) Use or weigh the information as part of the decision-making process?

d) Communicate their decision (by any means)?

4. Assessment Outcome

Summary of findings

Does the person have capacity to make this decision?

Further comments

5. Assessor Declaration

Name

Role

Signature

Date