**Mental Capacity Act 2005 Sections 2 & 3**

**Assessment of Mental Capacity (Form A)**

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| **This form should be completed where a person’s capacity to consent to or refuse health or social care interventions is in doubt. See this** [**link**](https://1f2ca7mxjow42e65q49871m1-wpengine.netdna-ssl.com/wp-content/uploads/2017/11/Mental-Capacity-Guidance-Note-Capacity-Assessment-March-2019.pdf) **for guidance.** | |
| **Name of person**: | **Date**: |
| **Name of Assessor:** | **Assessors signature:** |
| **The health or social care issue that needs a specific decision:** | |
| **I believe that the person has an impairment of, or a disturbance in the functioning of, the mind or brain and this prevents them from making this decision.** | |
| **The impairment of or disturbance in the functioning of the mind or brain seems to be due to:** | |
| Under each heading please circle either Yes or No and record evidence to support your belief.  Include whether the impairment or disturbance of the functioning of mind or brain prevents the person from making this decision.  At the time of assessment and in relation to the above decision, was the person able to: | |
| 1. **Understand the information relevant to the decision?**     Does the person have a general understanding of the decision they need to make and why they need to make it? (Including the reasonably foreseeable consequences of deciding one way or another, or of failing to make the decision). | |
| 1. **Retain the information long enough to make a decision?**   (The fact that a person is able to retain the information for a short period only does not prevent them from being regarded as able to make the decision). | |
| 1. **Use or weigh the information to make a decision?**   (Degree of awareness and insight, evidence of reasoning processes) | |
| 1. **Communicate the decision?**   (To produce a response, not necessarily verbal that indicates choice, in any way recognised by the assessor). | |
| Failure on any **one** point means the person lacks capacity at this time to make the decision outlined above.(If this is the case then a Best Interests decision must now be made using the statutory checklist (Section 4 MCA 2005). | |
| Please detail any attempts to optimise understanding and maximise capacity here:-  e.g. Providing relevant information to enable informed choices to be made, communicating in an appropriate way, making the person feel at ease: quiet environment, time of day and providing support etc. | |
| **Duty to consult people who know the person**:  To assist in forming a balanced view, please list any people you have consulted and their relationship to the person as part of the assessment to form your view.   |  |  |  | | --- | --- | --- | | Name | Relationship | From | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |
| **Outcome of Capacity Assessment:**  On the balance of probability, (more likely than not) the person to make the decision required of them.  (Please circle/select as appropriate) | |