

Assessment & Review of a Service User's Mental Capacity - Mental Capacity Act 2005

A: SERVICE USER'S PERSONAL DETAILS				
Surname:	First Name(s):	Title:		
Age last birthday:	Date of Birth:	Date Service Started:		
B ASSESSMENT OF MENTAL CAPACITY				
This Form is to be used to assess whether or not the service user has the mental capacity to make key decisions affecting his / her lifestyle				
This is a	B1: PRELIMINARY ASSESSMENT	B2: REVIEW ASSESSMENT		
	Performance Indicator	YES	NO	Comments / Action Required
1	Is there an impairment in the service user's brain or mind function, whether permanent or temporary?	<input type="checkbox"/>	<input type="checkbox"/>	
2	If the answer to 1 above is "YES" does this render the service user unable to make a key decision?	<input type="checkbox"/>	<input type="checkbox"/>	
				<p>If the answers to 1 and 2 are "NO" then the service user has appropriate mental capacity and no further assessment is required. Sign and date this form in the spaces provided in section C of this Form. If the answer to either question is "YES" proceed with the assessment below</p> <p>Every person over the age of 18 is presumed to have mental capacity from a legal standpoint</p>
3	Can the service user understand the decision to be taken, and the consequences of making / not making it?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Is the service user able to retain the information needed to make the decision?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Is the service user capable of using this information as part of the decision-making process?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Is the service user able to communicate his / her decision (speech, sign language, other)?	<input type="checkbox"/>	<input type="checkbox"/>	
7	Can the service user make decisions about what to eat and drink, and when?	<input type="checkbox"/>	<input type="checkbox"/>	
8	Can the service user make decisions about when to get up from bed?	<input type="checkbox"/>	<input type="checkbox"/>	
9	Can the service user make decisions about washing / bathing / shaving (as appropriate)?	<input type="checkbox"/>	<input type="checkbox"/>	
10	Can the service user make decisions about the care of his / her hair, and any styling?	<input type="checkbox"/>	<input type="checkbox"/>	

B: ASSESSMENT OF MENTAL CAPACITY (continued...)

This Form is to be used to assess whether or not the client has the mental capacity to make key decisions affecting his / her (delete as appropriate) daily living needs and chosen lifestyle

Performance Indicator		YES	NO	Comments / Action Required
11	Can the service user make decisions about when to retire to bed?	<input type="checkbox"/>	<input type="checkbox"/>	
12	Can the service user make decisions about what clothes he / she would like to wear?	<input type="checkbox"/>	<input type="checkbox"/>	
13	Can the service user make decisions about oral care (teeth, toothbrush etc)?	<input type="checkbox"/>	<input type="checkbox"/>	
14	Can the service user make decisions about grooming (hair care, shaving etc)?	<input type="checkbox"/>	<input type="checkbox"/>	
15	Can the service user make decisions about when to use the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	
16	Can the service user manage his / her medication?	<input type="checkbox"/>	<input type="checkbox"/>	
17	Can the service user manage his / her financial affairs?	<input type="checkbox"/>	<input type="checkbox"/>	
18	Can the service user successfully handle hearing aids, spectacles and other aids to daily living?	<input type="checkbox"/>	<input type="checkbox"/>	
19	Can the service user make decisions about walking, and leaving the house unaccompanied?	<input type="checkbox"/>	<input type="checkbox"/>	
20	Can the service user make decisions about the need to see a doctor, dentist or other practitioner?	<input type="checkbox"/>	<input type="checkbox"/>	

C: SIGNATURES

COMMENTS:

Assessor Name (PRINT): _____ Assessor's Signature: _____

Position: _____ Date: _____

SERVICE USER / FAMILY MEMBER / ADVOCATE (as appropriate):

Name (PRINT): _____ Signature: _____

Relationship to Service User: _____ Date: _____