

Assessment of a Service User's Mental Capacity - Assessment for a Special Decision

A: SERVICE USER'S PERSONAL DETAILS				
Surname:	First Name(s):	Title:		
Age last birthday:	Date of Birth:	Date Service Started:		
B: THE DECISION				
This Form is only to be used to assess whether or not the service user has the mental capacity to make a special or a particular decision affecting his / her daily living needs and chosen lifestyle				
DETAILS OF THE DECISION TO BE MADE:				
1	Does the decision need to be made without delay?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
2	If not, will the service user be able to make a decision at some point in the future?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
C: INTERPRETATION				
<p>If the answer to both questions is "YES" assess the situation again and determine whether a decision can be delayed.</p> <p>If the answer to question 1 is "YES" but the answer to question 2 is "NO", proceed to the assessment.</p> <p>If the answer to question 1 is "NO" defer the decision-making process and re-visit this at a later date with the service user to see if they are then able to make a more lucid decision.</p>				
D: FINAL DECISION & SIGN-OFF				
Comments:				
DECISION:				
Assessor Name (PRINT): _____		Assessor's Signature: _____		
Position: _____		Date: _____		
SERVICE USER / FAMILY MEMBER / ADVOCATE (as appropriate):				
Name (PRINT): _____		Signature: _____		
Relationship to Service User: _____		Date: _____		