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| **Mental Capacity Act Assessment** *(Mental Health Services)***:** |

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| **Section 1: Basic Details and Decisions Taken** |
| **Basic Details of Adult:**  **Data Inputting Guidance**: Some of the information below will prepopulate from the person’s main Mosaic record and missing information can only be entered there. |

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| Person’s Full Name: |  |
| Date Of Birth: |  |
| Address: |  |
| Address Tenure: |  |
| Access Notes: |  |
| Phone Numbers: |  |
| NHS Number: |  |
| Service User Group / Service User Sub Group: |  |
| Gender: |  |
| Gender Identity:  Guidance: *If person wishes to self-describe, please record as appropriate* |  |
| Ethnicity / Ethnicity Sub Group: |  |
| Person’s Employment Status: |  |

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| Assessor’s Name: |  |
| Date of Decision: |  |

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| **Section 2: Assessment of Capacity** | |
| **Diagnostic:** | |
| Please specify details of disorder: |  |
| **Functional:** | |
| Evidence of how the person is able to/unable to understand the information relating to the decision in question: |  |
| Whether the person is able to retain the information, and if their retention is limited, whether they are able to hold the information long enough to make a decision: |  |
| How well the person is able to weigh the decision in the balance (weigh up the Pros and Cons) in order to come to a decision: |  |
| Where communication is problematic, the ability of the person to communicate the decision: |  |

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| **List the people who participated in the assessment of capacity (e.g. professional staff, EPA/LPA or deputy, friends, family, IMCA):** | | |
| **Name:** | **Relationship / Role:** | **Organisation:** |
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| Outcome of assessment of capacity: |  |
| Is the person likely to regain capacity and can the decision wait until then: |  |

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| **Section 3: Actions and Decisions** | |
| What decisions / actions have been taken (Do issue's relating to capacity have any safeguarding concerns)? |  |
| Why have these decisions / actions been taken? |  |
| How were the decisions/actions taken - who was involved? What information was used? |  |

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| **Section 4: Next Actions** | |
| **Please select one of the following options:** | Mental Capacity Assessment - NFA |
| New Best Interest Meeting |
| New Mental Capacity Act Assessment |

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| **Completion Details –** *Include details of person completing this form***:** | |
| **Name:** |  |
| **Role:** |  |
| **Team / Service:** |  |
| **Date Form Completed:** |  |