

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

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.

| | |
|--|--|
| 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: <i>Guidance: If person wishes to self-describe, please record as appropriate</i> | |
| Ethnicity / Ethnicity Sub Group: | |
| Person's Employment Status: | |

| | |
|-------------------|--|
| Assessor's Name: | |
| Date of Decision: | |

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: | |

| 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: | |

| 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? | |

Section 4: Next Actions

Please select one of the following options:

- Mental Capacity Assessment - NFA
- New Best Interest Meeting
- New Mental Capacity Act Assessment

Completion Details – *Include details of person completing this form:*

Name:

Role:

Team / Service:

Date Form Completed: