

Mental Capacity Act Assessment Record



Young person's details

Name

Date of birth

Gender

Address

Ethnicity

Religion

Language

Name of person holding parental responsibility

Relationship to young person

Mental capacity assessment

Does the young person have a diagnosed impairment of functioning that affects their decision making?

Yes No

If Yes, please give details

Details of the decision to be taken

Name of social worker assessing capacity

Date of assessment

Professionals involved in the assessment

Name	Agency	Contact details

Name	Agency	Contact details

What actions have been taken to help the young person make a decision themselves?

Assessment of the young person's capacity

Include information on any diagnosed impairment of functioning that may affect decision-making and consider the following:

- Can the young person take in and understand the information?*
- Can they retain the information long enough to make a judgement on it?*
- Can they weigh up the information in order to make a decision?*
- Can they communicate their decision?*

Outcome of assessment

Does the young person currently have capacity to make the decision?

 Yes No

If No, please state why and whether they are likely to regain capacity in time for this decision to be made?

Who will make the decision on the young person's behalf

What decision/action has been taken and why is this in the young person's best interest?