Mental Capacity Assessment Form

South East Coast Ambulance Service NHS
NHS Foundation Trust

Incident Date d d / m m / 2 0 y y

Incident Number

Call Sign Letter A B C

Call Sign Number 1 2 3

Date of Birth d d / m m / y y y y

First Name

Surname

Gender

Time of Assessment h h : m m

This form is to be completed for every patient where there is a concern that they may be unable to give valid consent.

What has led you to think the patient may not be able to make this decision? (For example do they have an illness, dementia, a Learning Disability or do you think that drugs/alcohol may be causing them to be confused?)
Has a capacity assessment for this decision been undertaken by another HCP? If yes, who carried it out, when and what was the outcome?
What is the decision that needs to be made now?

Step 1 - The diagnostic test		
Do you consider the patient to have an impairment or disturbance of the mind or brain?	Yes ☐	No ☐
Do you believe that this impairment means they are unable to make the decision at this time?	Yes ☐	No ☐
If the answer is **NO** to **either** part in Step 1 then the **patient has capacity**. If the answer is **YES** to **both** parts in Step 1, proceed to Step 2.		

Step 2 - The functional test		
Has the patient been given information about the decision in a way appropriate to them and are they able to understand it? Please explain how you have reached your answer:	Yes ☐	No ☐
Have you been able to have a rational conversation with the patient about the pros and cons of what is proposed, e.g. the patient does not answer yes or no to every question regardless? Please explain how you have reached your answer:	Yes ☐	No ☐
Do you think the patient can retain information for long enough to make the decision? Please explain how you have reached your answer:	Yes ☐	No ☐
Is the patient able to explain their decision using their own words? Please explain your answer:	Yes ☐	No ☐
If the answer is **NO** to **any** question in Step 2 then the **patient does not have capacity** to make the decision and you should proceed in their best interest.		

Does the patient have Mental Capacity to make this decision?	Yes ☐	No ☐
If you have determined that the patient lacks capacity then you must complete a Best Interest Plan		

Personnel Number

Attendant Name and Signature