

Affix patient label within this box

Capacity Assessment Process Worksheet

Do not complete this worksheet if the only concern of capacity is to drive. Consider a referral for driving assessment.

assessifierit.		
Date worksheet Initiated (yyyy-Mon-dd)		Primary Contact
Is the adult making decisions (or unable to significant harm? Describe the reasons inc	, ,	
In what domains have concerns been iden	tified.	
☐ Healthcare	□ Accommodation	☐ Choice of associates
☐ Social/leisure activities	☐ Education/vocational train	ing ☐ Employment
☐ Legal matters (non-financial)	☐ Financial matters	
☐ Other (specify)	nd evidence of risk for each do	main of concern.
What are the adult's values and made aut	husal/salisiana baliafa mikh sasa	ands to decision making in veletion to
What are the adult's values and goals, cult the domain(s) in question? Has there bee		

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Describe the person's living situation, including formal and informal supports. Has there been any recent changes?								
Has the adult's capacity been assessed on a previous occasion? □ No								
☐ Yes, describe date of assessment, domain in question, assessment results etc.								
Have any and all reversible medical and mental health conditions that are likely to impact capacity been ruled out? □ No □ Yes								
Comments								
The date of Madical Asso		Assessment c	completed by					
The date of Medical Asse	SSMEIL (yyyy-mon-aa)	Assessment	ompleted by					
Please list the medical diagnoses relevent to this capacity assessment:								
Define the cognitive changes which may affect capacity, including standardized and non-standardized assessments								
Test name	Administered by	Score	Date (yyyy-Mon-dd)					
Comments								

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Does the adult have functional limitations in relation to the domain(s) in question?
□ No
□ Yes
Comments
Have barriers to a valid assessment, such as language, literacy, vision and hearing, been addressed?
□ No
□ Yes
Comments
Can the problem be solved and the risks be managed by a less intrusive and restrictive form of support?
□ No
☐ Yes, describe the solution (consider meeting/consulting with other team members to problem-solve)

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		-			
Please indicate if the following	g documents	exist:			
☐ Personal Directive	E N.	Damaina			
Enacted ☐ Yes ☐ EPOA	□ No	Domains:			
Enacted ☐ Yes	□ No				
☐ Guardianship order	LI NO	Domoino:			
☐ Trusteeship order		Domains			
La Trusteeship order					
Is a formal capacity interview					
removal of the adult's rights i.e. a	appointment of	f an agent/ power o	f attorney,	co-decision maker, guar	dian or trustee?)
□ No					
□ Yes					
Comments					
Referred for capacity interview	v \square	No □ Yes Date	of Refer	al (yyyy-Mon-dd)	
If yes referred to:		110 🗖 100 💆	01 1 (01011	ar (yyyy mon da)	
Name (print)	Signature		Initials	Designation	Date (yyyy-Mon-dd)

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