



Affix patient label within this box

## Capacity Assessment Process Worksheet

Describe the person's living situation, including formal and informal supports.  
Has there been any recent changes?

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Has the adult's capacity been assessed on a previous occasion?

- No  
 Yes, describe date of assessment, domain in question, assessment results etc.

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Have any and all reversible medical and mental health conditions that are likely to impact capacity been ruled out?

- No  
 Yes

Comments

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The date of Medical Assessment (yyyy-Mon-dd)

Assessment completed by

Please list the medical diagnoses relevant to this capacity assessment:

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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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## Capacity Assessment Process Worksheet

Does the adult have functional limitations in relation to the domain(s) in question?

- No
- Yes

Comments

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Have barriers to a valid assessment, such as language, literacy, vision and hearing, been addressed?

- No
- Yes

Comments

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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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