

**Mental Capacity Act 2005 Sections 2 & 3
Assessment of Mental Capacity (Form A)**

(This form should be used where a person's capacity to consent to or refuse health or social care interventions is in doubt)

Name of person:	
Date and Time:	
I confirm that the person has an impairment of, or a disturbance in the functioning of, the mind or brain. This is due or appears to be due to:	
The health or social care issue that needs a specific decision:	
On the date above and in relation to the decision, the person was able to:	Yes /No
1. Understand the information relevant to the decision (including the reasonably foreseeable consequences of deciding one way or another, or of failing to make the decision).	
2. Retain the information long enough to make a decision (the fact that a person is able to retain the information for a short period only, does not prevent them from being regarded as able to make the decision).	
3. Use or weigh the information to make a decision (degree of awareness and insight, evidence of reasoning processes).	
4. Communicate the decision (to produce a response, not necessarily verbal that indicates choice, in any way recognised by the assessor).	
Failure on any one point means the person lacks capacity at this time to make the decision outlined above. (If this is the case then a Best Interests decision must now be made using the statutory checklist (Section 4 MCA 2005).	
Outcome of Capacity Assessment: Please detail any attempts to optimise understanding and maximise capacity. Detail evidence of outcome using points 1 to 4.	
	Please √
The person HAS capacity to make the decision required of them	
The person LACKS capacity to make the decision required of them	

Evidence to support the outcome of capacity assessment:

Assessor:

Signed:

Position: