

Form for recording mental capacity assessment best interests decision making

Name:		
NHS number:		Hospital number:
DoB:	Date:	Time:
Address:		
Details of the decision to be made:		
Has the person's capacity to make this decision been assessed? (If no , an assessment must be completed before a best interests decision is undertaken). If yes , the best interests decision can only be undertaken if the person lacks capacity to make this particular decision).	Yes	No
Does the person have a written lasting power of attorney that is valid and relevant to this decision, or a court-appointed deputy for health and welfare? (If yes , the attorney or deputy is the decision-maker and their decision should be followed, as long as they are acting in the person's best interests).	Yes	No
Has the person made an advance decision that covers this decision? (Where the decision relates to the provision of life-sustaining treatment and the person has made a valid advance decision to refuse such treatment, generally that advance decision must be respected. Where there is any uncertainty, further guidance and possibly legal advice should be sought).	Yes	No

Provide the information requested in A to E below (for guidance refer to section 4 of the MCA 2005 together with MCA Code of Practice principle 2 and chapter 3 as appropriate).

A. Provide details of how the person has been encouraged and assisted to participate in the decision. If they have not been able to participate, please explain why.

B. Set out all the factors considered relevant to the decision.

C. Set out what you know about the person's wishes (both their past and present wishes and feelings) in respect of this decision.

D. Confirm whether the person might regain capacity and if so whether the decision can be delayed.

E. Explain how you have used the information in A to D above to reach your mental capacity decision.

(For guidance refer to the MCA Code of Practice – principle 2; paras 2.6–2.8 and chapter 3 as appropriate)

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I have consulted the following relevant people in coming to my decision (state who they are in relation to the person):

Their views were:

It was not practicable/appropriate to consult* (delete as appropriate) include detailed reasons (include in here for example LPAs and deputies).

Independent mental capacity advocate (IMCA)

- i. *A referral to the IMCA service is not necessary as I have been able to consult relevant individuals under the best interests checklist or the decision needs to be taken on an urgent basis.

Reason for urgency:

- ii. *A referral has been made to the IMCA service and I have taken the IMCA's view into account.

* delete where appropriate

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England

Details of decision made and reasons for this decision (reference balance table appended to this form):

Details of individuals to be informed:

I confirm that I have not based my assessment solely on the person's age, appearance, condition or behaviour.

Signed

Date

Name (in capitals)

Job title

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England

For joint decisions:

Signed	Date
Name (in capitals)	
Job title	

Signed	Date
Name (in capitals)	
Job title	

Signed	Date
Name (in capitals)	
Job title	

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Option 1 [insert details of what this option is]

Intended benefits	Potential risks

Option 2 [insert details of what this option is]

Intended benefits	Potential risks

Add more balance tables if there are more than 2 options.