

CASE
NUMBER

Mental Capacity Act 2005

DEPRIVATION OF LIBERTY FORM No. 7

MENTAL CAPACITY ASSESSMENT

PART A — WHY THIS FORM IS BEING COMPLETED

Place a cross in **ONE** of the boxes below ↓

A1	This form is being completed in relation to a request for a standard authorisation.	<input type="checkbox"/>
A2	This form is being completed in relation to a review of an existing standard authorisation under Part 8 of Schedule A1 to the Mental Capacity Act 2005.	<input type="checkbox"/>

PART B — BASIC INFORMATION

Name, address and profession of the assessor	Name	
	Address	
	Profession	
Full name of the person being assessed	Name	
Name of the hospital or care home in which the person is, or may become, deprived of their liberty	Name	
Name of the PCT or local authority that is the supervisory body	Name	
The present address of the person being assessed (Place a cross in the relevant box and, where applicable, state the address)	As stated on the request for a standard authorisation	<input type="checkbox"/>
	As stated immediately below	<input type="checkbox"/>
	Address	
Address of the hospital or care home in which the person is, or may become, deprived of their liberty (Place a cross in the relevant box and, where applicable, state the address)	As stated on the request for a standard authorisation	<input type="checkbox"/>
	As stated immediately below	<input type="checkbox"/>
	Address	

PART C — RECORD OF THE ASSESSMENT

I have assessed whether the person meets the mental capacity requirement.

In carrying out this assessment, I have taken into account any information given to me, and any submissions made, by any of the following:

- (a) any relevant person’s representative appointed for the person
- (b) any IMCA instructed for the person in relation to their deprivation of liberty.

The managing authority proposes to accommodate the person in the hospital or care home so that they can be given the care or treatment specified in their request for this standard authorisation.

In my opinion, all practicable steps have been taken to help the person to make their own decision in relation to this question.

I have assessed capacity in accordance with the principles and requirements of the Mental Capacity Act 2005.

Place a cross in EITHER box C1 OR box C2 below ↓

C1	In my opinion the person LACKS capacity to make their own decision about whether they should be accommodated in this hospital or care home for the purpose of being given the proposed care and/or treatment because of an impairment of, or a disturbance in the functioning of, the mind or brain.	<input type="checkbox"/>
C2	In my opinion the person HAS capacity to make their own decision about whether they should be accommodated in this hospital or care home for the purpose of being given the proposed care and/or treatment.	<input type="checkbox"/>

WHY THE PERSON LACKS CAPACITY TO MAKE THIS DECISION FOR THEMSELVES

If you placed a cross in box C1, also place a cross in ONE OR MORE of the boxes below (C3–C6) ↓

C3	The person is unable to understand the information relevant to the decision. <i>(The information relevant to a decision includes information about the reasonably foreseeable consequences of deciding one way or another, or failing to make the decision.)</i>	<input type="checkbox"/>
C4	The person is unable to retain the information relevant to the decision. <i>(The fact that a person is able to retain the information relevant to a decision for a short period only does not prevent them from being regarded as able to make the decision.)</i>	<input type="checkbox"/>
C5	The person is unable to use or weigh that information as part of the process of making the decision.	<input type="checkbox"/>
C6	The person is unable to communicate their decision (whether by talking, using sign language or any other means).	<input type="checkbox"/>

REASONS FOR OPINION

Give your reasons for deciding that it has or has not been established that the person lacks capacity to make their own decision about whether to be accommodated in the hospital or care home for the purpose of being given the proposed care and/or treatment because of an impairment of, or a disturbance in the functioning of, the mind or brain.

Signed	
Dated	

WHAT TO DO NOW

It is essential that you give a copy of this assessment to the supervisory body as soon as you have completed it. This is because the supervisory body may not give a standard authorisation unless and until it has written copies of all the assessments.

If you have placed a cross in box **C2**, to indicate that the person has capacity in relation to the relevant question, then the person does not meet the mental capacity qualifying requirement. As a result, a standard authorisation may not be given and all other on-going assessments should stop. You should immediately notify the supervisory body, and then provide them with a copy of this assessment as soon as practicable. You must keep a written record of the assessment.