



This form is to be used to document the assessment of incapability to give or refuse consent to care facility admission, or continued residence, giving due consideration to Part 3 of the Health Care (Consent) and Care Facility (Admission) Act, Health Care Consent Regulation and the Practice Guidelines for Seeking Consent to Care Facility Admission (Ministry of Health). Information is being collected under the authority of the Health Care (Consent) and Care Facility (Admission) Act. This form is to be completed by the assessor, defined as a medical practitioner, registered nurse, nurse practitioner, registered psychiatric nurse, social worker, occupational therapist, or psychologist (registered by their respective professional college).

INFORMATION OF ADULT ASSESSED		
Last Name of Adult Assessed	First Name of Adult Assessed	Second Name(s)
Personal Health Number (PHN)	Birthdate (YYYY / MM / DD)	

CONFIRMATION OF CAPABILITY OR DETERMINATION OF INCAPABILITY		
Name of Assessor		Date Assessment Complete (YYYY / MM / DD)
Professional Designation	Registration Number	Regulating College

By checking this box, I, the above-named Assessor, confirm that I have assessed whether the above-named Adult is incapable of giving or refusing consent to care facility admission or continued residence in a care facility. I confirm that I have assessed this adult according to the requirements of the *Health Care (Consent) and Care Facility (Admission) Act* and Health Care Consent Regulation.

My assessment is that the above-named adult is (check appropriate box and cross out unnecessary wording):

capable of giving or refusing consent to care facility admission to, or continued residence

incapable of giving/refusing consent to care facility admission to, or continued residence

MEDICAL INFORMATION
Confirmation that medical information reviewed (mandatory):
<input type="checkbox"/> I have reviewed the client's medical information, including relevant diagnoses and prognoses, to ensure that there are no underlying or potentially reversible health conditions that are affecting the adult's decisional capability.

Please describe relevant diagnoses and prognoses affecting capacity to make the decision, including the source of this information:

Empty text area for providing relevant diagnoses and prognoses.

FACTORS CONSIDERED IN MAKING DETERMINATION

Check the factors found to be true about the adult (and add information in text box below, as needed)

1. Understanding

The adult:

- did not understand own condition, problems, and needs
- did not understand events leading to assessment
- had concerns about living in a facility but was unable to identify them
- did not understand the information provided about the facility, the services provided there, and the circumstances under which they can leave
- did not ask questions about the above
- other (specify below)

2. Ability to reason with information and values

The adult:

- was not able to identify factors/issues/considerations relevant to the decision to move into or remaining living in the care facility
- other (specify below)

3. Appreciation

The adult:

- did not understand why they were being considered for admission to a care facility or why they were residing in a care facility
- was not able to make the connection between giving or refusing consent to facility admission or continued residence in a care facility and being admitted to or remaining in the care facility
- did not recognize the impact of the decision on self and others (family, friends, dependents)
- other (specify below)

Other information considered in making a determination of incapability, or confirmation of capability:

OTHER SOURCES OF INFORMATION

Other sources of information in addition to interaction with the adult (or if other sources relied upon because the adult was unable or unwilling to participate in assessment)

ADDITIONAL INFORMATION

Other information necessary to capture about the assessment, including any unique circumstances surrounding the assessment, assistance provided with communication, translation, adaptive devices, assistance provided by the adult's family or friends.

REQUIREMENTS FOR INCAPABILITY ASSESSMENT REPORT

On completing an assessment, an assessor must do all of the following:

- complete an assessment report that includes the following information:
 - (i) the factors that were considered in making a determination of the adult's capability or incapability
 - (ii) the conclusions that were reached on the basis of all those factors, and
 - (iii) a summary of any information gathered from other sources.
- advise the adult who is the subject of the assessment of the assessor's determination of the adult's capability or incapability;
- offer to provide a copy of the assessment report to:
 - the adult, and
 - the person responsible for giving substitute consent on behalf of the adult if the adult is determined to be incapable.
- provide a copy of the assessment report to:
 - the manager who requested the assessment, and
 - the manager of the facility to which the adult is admitted, if other than the manager who requested the assessment.

An assessor is not required to share the outcome of the assessment with the adult, or provide a copy of the assessment report to the adult or the person responsible for giving substitute consent on behalf of the adult, if the assessor has reason to believe that it may result in serious physical or mental harm to the adult or significant damage or loss to the adult's property.