

Form 1: Assessment of Capacity to make Decisions about a Personal Care Matter
(assessing capacity for Sections 10, 11 and 13 of the *Personal Directives Act*)

I, _____ (*full name and professional designation*), a physician, assessed _____ (*full name of person being assessed*) of _____ (*address of person*) on ____/____/____ (*dd/mm/yyyy*) at _____ a.m./p.m. at _____ (*location of assessment*).

If the assessment is of a person delegated under a personal directive to make personal-care decisions for another, then skip items 1 and 2.

1) Personal directive made:

Check one:

- I am aware that _____ (*full name of person being assessed*) has made a personal directive.
- I do not know if _____ (*full name of person being assessed*) has made a personal directive.

2) Consultation under personal directive:

Subsection 10(1) of the *Personal Directives Act* states that a personal directive may name a person – by name, title, or position – with whom the person making an assessment of capacity of the maker is to consult in making the assessment.

Check one:

- I consulted with _____ (*full name of person named in personal directive*) in making this assessment of capacity.
- I have made reasonable efforts to consult with _____ (*full name of person named in personal directive*) in making this assessment of capacity.
- I am not aware that anyone has been named for consultation.

3) Capacity explained:

“Capacity” is defined in the *Personal Directives Act* to mean the ability to understand information that is relevant to the making of a personal-care decision and the ability to appreciate the reasonably foreseeable consequences of a decision or lack of a decision.

Before conducting the assessment of capacity, I explained to _____ (*full name of person being assessed*) the purpose of the assessment, the significance and effect of a finding of capacity or incapacity, and their right to refuse to be assessed.

4) Physician's opinion

It is my opinion that _____ (*full name of person being assessed*) has the capacity to make a personal-care decision regarding the following:

<u>Personal Care Decision</u>	<u>Capacity</u>
• Health care _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
("health care" is defined for the <i>Personal Directives Act</i> to mean any examination, procedure, service or treatment for an individual that is done for a therapeutic, preventative, palliative, diagnostic or other health-related purpose, and includes a course of health care or a care plan)	
• Placement in a continuing-care home	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Provision of home-care services	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Leaving the Province	Yes <input type="checkbox"/> No <input type="checkbox"/>
• Other personal care _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

("personal care" is defined in the *Personal Directives Act* to include, but is not limited to, health care, nutrition, hydration, shelter, residence, clothing, hygiene, safety, comfort, recreation, social activities, support services and any other personal matter that is prescribed by the regulations)

5) Supporting information:

The following information supports my opinion:

A) Observations from my assessment of the person being assessed:

B) Information from other sources (please specify sources of information):

Is there any additional supporting information or reports attached? Yes No

(date of signature)

(signature)

(printed name)

Notes:

- 1) This form must be completed by a physician. (s. 5 of *Personal Directives Regulations*)
- 2) This form is to be used
 - A) if any of the following request an assessment of the capacity of a person who has made a personal directive or a person on whose behalf personal care decisions will be made:
 - the person who made the personal directive or on whose behalf personal care decisions will be made
 - a delegate named in the personal directive
 - a statutory decision-maker
 - the nearest relative (as defined in the *Personal Directive Regulations*)
 - a health-care provider
 - a person in charge of the home-care services provider or continuing-care home where the person who made the personal directive or on whose behalf the personal care decisions will be made resides.
(s. 10(2) and (3) of *Personal Directives Act*)
 - B) for the assessment of capacity of a person who has made a personal directive after they have been prevented from leaving the Province (s. 11 of *Personal Directives Act*)
 - C) for the assessment of capacity of a person delegated under a personal directive to make personal-care decisions (s. 13 of *Personal Directives Act*)
- 3) An assessment made under s. 11 of the Act after a person has been prevented from leaving the Province must be completed as soon as practicable. (s. 11(2) of *Personal Directives Act*)