

# Adult Capacity and Decision Making Act

## FORM 1 CAPACITY ASSESSMENT REPORT



Use this form to report on an adult's capacity under the Adult Capacity and Decision-Making Act if you are a health professional designated under the Act.

"Capacity" means the ability, with or without support, to

- i. understand information relevant to making a decision,
- ii. appreciate the reasonably foreseeable consequences of making or not making a decision including, for greater certainty, the reasonably foreseeable consequences of the decision to be made.

### 1.0

I, \_\_\_\_\_  
Name of capacity assessor

am a registered member of the \_\_\_\_\_  
Name of capacity assessor's professional college

If the capacity assessor is not a physician or registered psychologist, the capacity assessor must complete the following:

☐ I am currently designated as a capacity assessor under the Adult Capacity and Decision-making Act.

My designation dated \_\_\_\_\_  
Designation date

**1.1** This capacity assessment report is about \_\_\_\_\_ ("the adult")  
Name of adult

of \_\_\_\_\_  
Address of the adult

whose date of birth is \_\_\_\_\_  
Date of birth of the adult

**1.2** I have a pre-existing relationship with or knowledge of the adult.

☐ Yes ☐ No

I have known the adult for \_\_\_\_\_  
(Length of time)

The nature of my relationship with the adult is \_\_\_\_\_

**1.3** The person who requested this capacity assessment is:

\_\_\_\_\_  
Name of the person (if not the adult, identify the person's relationship to the adult)

**1.4** The reason(s) or circumstances leading up to the request for this capacity assessment are:

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## 2.0 Pre-assessment

I have determined that a medical examination of the adult is:

- ☐ a. necessary to identify any medical condition, including any temporary, reversible condition, which may impact the results of the capacity assessment, or
- ☐ b. not necessary to identify any medical condition, including any temporary, reversible condition, which may impact the results of the capacity assessment

Comments:

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The adult:

- ☐ a. has been diagnosed by a physician or a nurse practitioner as having a medical condition(s) that is/are relevant to this capacity assessment:

Diagnosis (including name of physician or nurse practitioner who made the diagnosis and date of the examination):

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☐ I have attached a copy of the medical examination.

Or,

- ☐ b. has not been diagnosed by a physician or a nurse practitioner as having a medical condition that is relevant to this capacity assessment.

Comments:

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### 3.0 Assessment

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[illegible]

#### 4.0 Report on adult's personal care and health care

The level of consciousness of the adult at the time of the capacity assessment was:

- ☐ a. alert,
- ☐ b. fluctuating, or
- ☐ c. non-responsive.

Comments:

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## 5.0

Prior to conducting an assessment of the capacity of the adult, I met with the adult and unless the level of consciousness of the adult was such that the adult was non-responsive, I explained to them that:

- a) they are being assessed to determine whether they are incapable of making decisions.
- b) the assessment may be used to determine whether they will have or continue to have a representative appointed to make decisions for them.
- c) they have the right to refuse:
  - I. to undergo the capacity assessment, or
  - II. to continue with the capacity assessment at any point during the capacity assessment, but that the capacity assessment may still be conducted using observational information and information gathered from other sources.
- d) they have the right to have legal counsel of their choosing present during the capacity assessment.
- e) they have the right to have a person of their choosing present to assist them in feeling comfortable and relaxed when undergoing the capacity assessment.
- f) in order to fully demonstrate their capacity, they have the right to be assisted by a person or to use a device to assist them to communicate during the assessment.
- g) if, in my opinion, a person who is present to assist the adult during the capacity assessment is interfering with the capacity assessment, the person may be asked to leave, unless that person is their legal counsel.
- h) they will get a copy of the capacity assessment report.
- i) they have the right to ask the assessor questions or raise concerns with the assessor about the capacity assessment and the results of the capacity assessment.

☐

Yes

☐

No

Comments *(Provide any comments you may have. If the level of consciousness of the adult was such that the adult was non-responsive, you must indicate that here.):*

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I provided the adult with a reasonable opportunity to undergo their capacity assessment under circumstances in which the adult is likely to be able to demonstrate their full capacity.

☐ Yes ☐ No

Comments *(Provide any comments you may have):*

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## 6.0

I have determined that:

- ☐ a) it is not necessary for the adult to have, and the adult has not requested to have:
- I. a person present to assist them in feeling comfortable and relaxed when undergoing the capacity assessment,
  - or
  - II. the assistance of a person or the use of a device to communicate in order for the adult to be able to fully demonstrate their capacity during the assessment,

or

- ☐ b) it is necessary for the adult to have, or the adult has requested to have:
- I. a person present to assist them in feeling comfortable and relaxed when undergoing the capacity assessment, or
  - II. the assistance of a person or the use of a device to communicate in order for the adult to be able to fully demonstrate their capacity during the assessment.

Set out what is considered necessary or what the adult has requested, as the case may be, as well as the steps taken to have a person present or to provide the adult with the assistance of a person or device.

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Comments:

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## 7.0

The adult:

- ☐ a) has agreed to undergo or to continue with the capacity assessment, and
- i. in my opinion, the adult:
    - A. understands the purpose of the capacity assessment and that they have the right to refuse to undergo or to continue with the capacity assessment,
    - B. appears to be capable of consenting to the capacity assessment, and
    - C. has consented to the capacity assessment.

or

- ☐ b) has refused to undergo or to continue with the capacity assessment:
- ☐ i. an in-person capacity assessment was not conducted,
  - ☐ ii. the in-person capacity assessment was discontinued, or
  - ☐ iii. a capacity assessment, or a part of it, was conducted without the presence of the adult being assessed based on observational and additional information gathered from other sources.

Comments:

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## 8.0

I ensured the adult's comfort level during the capacity assessment by *(Describe any other steps you took to ensure that the adult was as comfortable as possible. (e.g. was the capacity assessment conducted in a location that is familiar and comfortable for the adult?))*:

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## 9.0

Based on the information that was provided to me, I have determined that an assessment of the capacity of the adult to make decisions is warranted with respect to the following personal matters:

- ☐ a) where, with whom and under what conditions the adult is to live, whether permanently or temporarily;
- ☐ b) with whom the adult may associate;
- ☐ c) the adult's participation in social and recreational activities;
- ☐ d) the adult's employment;
- ☐ e) the adult's participation in any educational, vocational or other training;
- ☐ f) the adult's application for any licence, permit, approval or other consent or authorization;
- ☐ g) the commencing, continuation, settlement or defence of any claim or proceeding that relates to the adult;
- ☐ h) the adult's personal care (not including any matters under a) or c) and health care;
- ☐ i) the financial matters of the adult; and/or
- ☐ j) another matter the Court has considered appropriate to have assessed.

Comments:

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**9.1** Supporting information I used to determine that an assessment of the capacity of the adult to make decisions is warranted:

**10.0**

Unless the level of consciousness of the adult was such that the adult was non-responsive, I asked the adult if there have been any significant changes recently in their beliefs and values related to making decisions about the matters identified in item 9 and the adult informed me that:

- ☐ there have been significant changes recently in their beliefs and values related to making decisions about the matter(s), or
- ☐ there have not been significant changes recently in their beliefs and values related to making decisions about the matter(s).

**Comments** *(Provide any comments you may have. If the level of consciousness of the adult was such that the adult was non-responsive, you must indicate that here):*



## 11.0

I assessed the capacity of the adult to make decisions about the matter(s) identified in item 9 and my opinion respecting the adult's capacity to make decisions about the matter(s) is indicated in column 1 or 2, as the case may be:

Adult has Capacity	Adult does not have capacity	Matter
<input type="checkbox"/>	<input type="checkbox"/>	where, with whom and under what conditions the adult is to live, whether permanently or temporarily.
<input type="checkbox"/>	<input type="checkbox"/>	with whom the adult may associate.
<input type="checkbox"/>	<input type="checkbox"/>	the adult's participation in social and recreational activities.
<input type="checkbox"/>	<input type="checkbox"/>	the adult's employment.
<input type="checkbox"/>	<input type="checkbox"/>	the adult's participation in any educational, vocational or other training.
<input type="checkbox"/>	<input type="checkbox"/>	the adult's application for any licence, permit, approval or other consent or authorization.
<input type="checkbox"/>	<input type="checkbox"/>	the commencing, continuation, settlement or defence of any claim or proceeding that relates to the adult.
<input type="checkbox"/>	<input type="checkbox"/>	the adult's personal care and health care.
<input type="checkbox"/>	<input type="checkbox"/>	the financial matters of the adult.
<input type="checkbox"/>	<input type="checkbox"/>	another matter the Court has considered appropriate to have assessed.

The reasons for my opinion are as follows:

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## 12.0

In forming my opinion about the adult's capacity to make decisions about the matter(s):

☐ a) I considered the adult's ability to understand the information that is relevant to a decision and to appreciate the reasonably foreseeable consequences of a decision and a failure to make a decision about the matter(s), and

☐ b) I took into account

- i. whether the adult has the ability to retain information that is relevant to decisions about the matter(s), and
- ii. the following additional factors, if any:

Specify additional factors:

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Comments:

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### 13.0 [REDACTED]

This adult's capacity has been assessed in the past in relation to the Adult Capacity and Decision-making Act or the former Incompetent Persons Act.

☐ Yes ☐ No

I conducted the most recent capacity assessment of this adult

☐ Yes ☐ No ☐ N/A

I would describe the change, if any, in this adult's capacity since the most recent capacity assessment as follows:

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### 14.0 [REDACTED]

If in item 11 I have stated that in my opinion the adult does not have the capacity to make decisions about one or more matter(s), I have considered whether the adult is likely to regain some or all of their capacity to make decisions about the matter(s) and I believe the adult:

☐ a) is likely to regain some or all of their capacity to make decisions about the matter(s).

Set out reasons:

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☐ b) is not likely to regain some or all of their capacity to make decisions about the matter(s).

Set out reasons:

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Complete the following:

If the court appoints a representative for the adult, I recommend that another capacity assessment of the adult be conducted by no later than

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## 15.0

The adult indicated a preference as to who should or should not be appointed as their representative.

☐ Yes ☐ No

Provide information about the adult's preferences as communicated to you by them:

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## 16.0

I have attached other detailed information respecting this capacity assessment (optional).

☐ Yes ☐ No

## 17.0 Sign and date this capacity assessment report

I wish to provide the following additional comments and/or observations:

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