



## **Capacity Assessment**



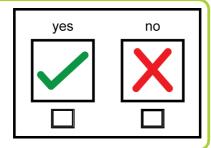
Name of Person:

NHS Number:



This person has a 'Disorder of the mind' which can impact on their ability to make a decision

This includes a Learning Disability

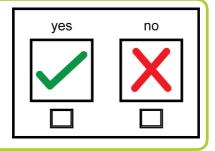




If yes move on.

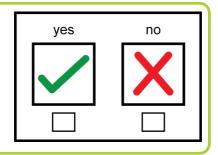


The Person can understand the information about the decision



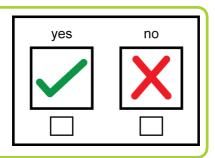


The Person can retain the information to make a decision



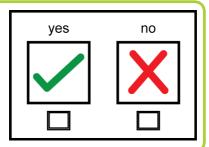


The Person can weigh up the information as part of the decision making process





The Person can communicate their decision





If any of the above answer no is it because of the disorder of mind



Questions to ask to assess Capacity for Breast Cancer Screening. **Answer Given** 



What is Breast Cancer Screening?



Why is it important to have Breast Cancer Screening?



## If any of the above answer no is it because of the disorder of mind

Name	Relationship	Opinion	Do they agree with having Breast creening?  Yes or No
			<u> </u>
			X
			X
The Decision:			
	Name of the second seco	lame:	
		Has / Lacks capacity to choose to have Breast Cancer Screening.	
		Professional completing the assessment: Signature	

Next – If the person lacks capacity a Best Interest Decision needs to be made.