

NHS Number:		LPS Episode Reference ID:	
LIBERTY PROTECTION SAFEGUARDS MENTAL CAPACITY ASSESSMENT			
This template provides for both an assessment and determination of mental capacity. (If this is being used for a determination only and the evidence already exists then you need only complete the final determination section, with reference to that evidence, which should be provided)			
Full name of the person who may need the protection of the Safeguards			
Date of birth			
Address where the person usually lives			
Address where the proposed arrangements are taking place (if different)			
INITIAL AUTHORISATION/RENEWAL OF AUTHORISATION (Please tick which is relevant for this Mental Capacity Assessment)			
Initial LPS authorisation	<input type="checkbox"/>	Renewal of LPS authorisation	<input type="checkbox"/>
LPS Renewal of authorisation	<input type="checkbox"/>		<input type="checkbox"/>
Name of the Responsible Body (CCG, NHS Trust or Local Authority)			
Name and address of the Assessor			
Registered Profession of the Assessor			
Please confirm that you (the assessor) have an applied knowledge of the 2005 Act and the code of practice, and are eligible to carry out this assessment by ticking here:			<input type="checkbox"/>
Name and address of the person making the determination, if different from the Assessor			

Template 2 – DRAFT

<p>The following practicable steps have been taken without success to support the person to make the decision:</p>		
<p>QUESTION ONE: IS THE PERSON ABLE TO CONSENT TO THE ARRANGEMENTS?</p>		
<p>Is the person able to understand the relevant information? <i>Record how you have tested whether the person can understand the information, the questions used, how you presented the information and your findings.</i></p>	Y	N
<p>Is the person able to retain the relevant information? <i>Record how you tested whether the person could retain the information and your findings. Note that a person's ability to retain the information for only a short period does not necessarily prevent them from being able to make the decision.</i></p>	Y	N
<p>Is the person able to use or weigh that information as part of the process of making the decision? <i>Record how you tested whether the person could use and weigh the information and your findings.</i></p>	Y	N
<p>Is the person able to communicate their decision (whether by talking, using sign language or any other means)? <i>Record your findings about whether the person can communicate the decision.</i></p>	Y	N
<p>QUESTION TWO IF THE PERSON IS UNABLE TO MAKE THE SPECIFIC DECISION, IS THIS BECAUSE OF THE IMPAIRMENT OF, OR DISTURBANCE IN, THE FUNCTIONING OF THE MIND OR BRAIN? EXPLAIN BELOW</p>		
<p>MENTAL CAPACITY DETERMINATION (Please put an X in the box and explain your rationale below)</p>		
<p>In my opinion, the person LACKS mental capacity to consent to the arrangements in place or proposed to enable for their care and/or treatment, and the person is unable to make this decision because of an impairment of, or a disturbance in, the functioning of the mind or brain.</p>		
<p>In my opinion the person HAS mental capacity to consent to the arrangements in place or proposed to enable their care and/or treatment.</p>		

Template 2 – DRAFT

The reasons for my opinion are (*if this is a determination only, you should state the evidence that you are relying on and it must be provided. Include a consideration of how long ago the assessment was completed*)

PLEASE SIGN AND DATE THIS FORM

Signed		Date	
Print Name		Time	
Registered Profession of person making the determination if this is not the Assessor.			

DRAFT