Humber Teaching NHS Foundation Trust

Assessment of capacity (or competence) to consent to treatment – Z48

Patient Name:-…… **Unit / Team Name:-**……

Please tick a reason: ☐ **Admission** ☐ **3 month rule** ☐ **Transfer**

☐ **Change to Form T2, T3 or S62** ☐ **Change in capacity (or competence)**

☐ **Change in Responsible Clinician** ☐ **Other** **Please state reason**……

The Code of Practice paragraph 25.17 states a record of an approved clinician's discussion with the patient regarding their treatment plan and of the steps taken to confirm that the patient has the capacity to consent should be made. A patient's refusal should also be documented. The reference to competence is in relation to detained patients under 16.

	Yes	No
Does the patient understand the information given?	☐	☐
Can the patient retain the information given?	☐	☐
Can the patient weigh the information available to them to make a decision?	☐	☐
Can the patient communicate their decision?	☐	☐
Does the patient object to taking treatment?	☐	☐

……

SUMMARY OF CONCLUSIONS AND ACTIONS	Yes	No
Does the patient have capacity (or competence) to consent to the treatment?	☐	☐
If yes, does the patient consent to the treatment?	☐	☐
If not consenting or not capable of consenting, has a SOAD been requested (for mental health treatment, if under MHA)?	☐	☐

This form is for consent to treatment under the Mental Health Act. For consent to treatment for other health conditions not covered by the MHA please consider use of the Mental Capacity Act 2005 and complete relevant MCA paperwork as appropriate for patients 16 and over only.

Please turn over……

Summary of discussion with the patient and action taken:

Please explain the rationale behind your decision…….

Responsible Clinician Name……..

Responsible Clinician signature…….. Date……