

## Capacity Assessment Intake Form

Protection of Personal and Property Rights Act 1988 (PPPR Act)

### PATIENT DETAILS

|                             |  |
|-----------------------------|--|
| Patient Full Name:          |  |
| Date of Birth (dd/mm/yyyy): |  |
| Preferred Contact Person:   |  |
| Relationship to Patient:    |  |
| Contact Phone Number:       |  |
| Contact Email:              |  |

### IMPORTANT LEGAL INFORMATION

Under the Protection of Personal and Property Rights Act 1988, adults are presumed to have decision-making capacity unless there are reasonable grounds to believe otherwise. Capacity is decision-specific and time-specific.

A person is entitled to make decisions that others may consider unwise, provided they have the capacity to make that decision.

We strongly recommend that you seek independent legal advice before requesting a medical capacity assessment. A medical capacity assessment is a legal-medical opinion and may be relied upon in legal processes. It may have significant consequences for the person concerned.

### ASSESSMENT REQUEST DETAILS

1. Please explain your reason for seeking a capacity decision at this time: \_

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2. What specific decision is capacity being assessed for?

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3. Is a written medical report required? Yes / No

If yes, please specify the purpose:

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**LEGAL REPRESENTATION**

Lawyer's Name:

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Law Firm:

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Contact Phone Number:

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**ENDURING POWER OF ATTORNEY (EPOA)**

Is there an Enduring Power of Attorney in place? Yes / No / Unsure

If yes, please attach a copy.

**ADDITIONAL RELEVANT INFORMATION (optional)**

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