

Aid to Capacity Evaluation Form

Date: _____ Time: _____

Patient Name: _____

Assessor: _____

Record observations which support your score in each domain, including exact responses of the patient. Indicate your score for each domain with a checkmark.

1. ABLE TO UNDERSTAND MEDICAL PROBLEM

Observations: _____

YES [] UNSURE [] NO []

2. ABLE TO UNDERSTAND PROPOSED TREATMENT

Observations: _____

YES [] UNSURE [] NO []

3. ABLE TO UNDERSTAND ALTERNATIVE TO PROPOSED TREATMENT (if any)

Observations: _____

YES [] UNSURE [] NO [] NONE DISCLOSED []

4. ABLE TO UNDERSTAND OPTION OF REFUSING PROPOSED TREATMENT (including withholding or withdrawing proposed treatment)

Observations: _____

YES [] UNSURE [] NO []

5. ABLE TO APPRECIATE REASONABLY FORESEEABLE CONSEQUENCES OF ACCEPTING PROPOSED TREATMENT

Observations: _____

YES [] UNSURE [] NO []

6. ABLE TO APPRECIATE REASONABLY FORESEEABLE CONSEQUENCES OF REFUSING PROPOSED TREATMENT (including withholding or withdrawing proposed treatment)

Observations: _____

YES [] UNSURE [] NO []