**<ORGANISATION NAME> MENTAL CAPACITY CHECKLIST**

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| **MENTAL CAPACITY CHECKLIST** | | |
| **Steps** | **Yes** | **No** |
| **Step 1.** Do you think the person understands the decision they must make and why they must make it? |  |  |
| **Step 2.** Do you think the person understands what will happen if they do or don’t make the decision? |  |  |
| **Step 3.** Do you think the person is able to retain the information you are giving them long enough to be able to decide whether to make the decision or not? |  |  |
| **Step 4.** Do you think the person can convey their decision to you, verbally, non-verbally, through the help of technology or through the help of another professional such as a speech and language therapist? |  |  |