SC4 MENTAL CAPACITY ASSESSMENT

Date	
Time	
Location	
Chair person	
Minute taker	

Attendees			
Name	Role	Agency	Contact Information

Apologies			
Name	Role	Agency	Contact Information

Agenda

1. Welcome and Introductions
2. Confirm understanding of confidentiality, recording and data sharing
3. Purpose of the Meeting
4. Review of Previous Meeting Minutes (if applicable)
5. Review
    a) Qualifying criteria of the permanent mental impairment
    b) Specific decision to be considered
    c) Can the individual understand the information
    d) Can the individual retain the information
    e) Can the individual weigh up the information
    f) Can the individual communicate their decision
6. Action items and responsible persons
7. Confirm next meeting date (if applicable)
8. Any other Business
9. Closing remarks from Chairperson

Minutes	
1	
2	
3	
4	
5	

Actions			
No.	Description	Who is responsible	Due date
1			
2			
3			
4			
5			