



Comments:

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5. The adult, has been diagnosed by a physician as having the following medical condition(s) that is (are) relevant to this capacity assessment:

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diagnosis

\_\_\_\_\_ Date of Diagnosis \_\_\_\_\_  
name of physician yy-yy-mm-dd

Comments:

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6. Prior to conducting a capacity assessment of

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name of the adult

I met with the adult and, unless the level of consciousness of the adult was such that the adult was non-responsive, I explained to the adult:

- (a) the purpose and nature of the capacity assessment;
- (b) that the adult has the right to refuse:
  - (i) to undergo the capacity assessment, or
  - (ii) to continue with the capacity assessment at any point during the capacity assessment;
- (c) that the adult has the right to
  - (i) have a person present to assist the adult in feeling comfortable and relaxed when undergoing the capacity assessment, and
  - (ii) the assistance of a person or the use of a device to communicate in order for the adult to be able to fully demonstrate the adult's capacity during the capacity assessment,
- (d) the significance and effect of a finding that the adult does not have the capacity to make decisions respecting a personal matter or a financial matter, and
- (e) that if a person who is present to assist the adult during the capacity assessment is, in my opinion, interfering with the capacity assessment, the person may be asked to leave.

Comments:

7. The level of consciousness of the adult at the time of the capacity assessment was:

- (a) alert
- (b) fluctuating, or
- (c) non-responsive

Comments:

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(Note: Provide any comments you may have. If the adult's level of consciousness was such that the adult was non-responsive you must indicate that here.)

8. The adult:

- (a) appears to be capable of understanding the purpose of the capacity assessment; or
- (b) does not appear to be capable of understanding the purpose of the capacity assessment.

9. The adult has:

- (a) refused to undergo or to continue with the capacity assessment, or
- (b) not refused to undergo or to continue with the capacity assessment;

If (a) has been selected above,

- (i) a capacity assessment was not conducted; or
- (ii) the capacity assessment was discontinued.

Comments:

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10. The adult chose to:

- (a) have the following person present to assist the adult in feeling comfortable and relaxed during the capacity assessment:

\_\_\_\_\_ name of person present and relationship to the adult

- (b) use the following assistive device or had the following person present to assist with communication during the capacity assessment:

\_\_\_\_\_ device used or name of person present and role. i.e. language interpreter

11. Based on the information that was provided to me, I have determined that an assessment of the capacity of the adult to make decisions is warranted with respect to the following:

- (a) personal matters:

Comments:

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- (b) financial matters.

Comments:

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12. Unless the level of consciousness of the adult was such that the adult was non-responsive, I asked the adult if there have been any significant changes recently in the adult's beliefs and values related to making decisions about the matter(s) identified in item 11 and the adult informed me that:

- (a) there have been significant changes recently in the adult's beliefs and values related to making decisions about the matter(s), or
- (b) there have not been significant changes recently in the adult's beliefs and values related to making decisions about the matter(s).

Comments:

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13. I assessed the capacity of the adult to make decisions about the following personal or financial matters (or both) and my opinion respecting the adult's capacity to make decisions about those matters is indicated in the first or second column below:

**Personal Matters**

Adult has capacity	Adult does not have capacity	Matter
<input type="radio"/>	<input type="radio"/>	the adult's health care
<input type="radio"/>	<input type="radio"/>	where, with whom and under what conditions the adult is to live, either permanently or temporarily
<input type="radio"/>	<input type="radio"/>	with whom the adult may associate
<input type="radio"/>	<input type="radio"/>	the adult's participation in social activities
<input type="radio"/>	<input type="radio"/>	the adult's participation in any educational, vocational or other training
<input type="radio"/>	<input type="radio"/>	the adult's employment
<input type="radio"/>	<input type="radio"/>	the carrying on of any legal proceeding that does not relate primarily to the financial matters of the adult
<input type="radio"/>	<input type="radio"/>	other (specify) _____

(Note: Draw a line through any matters in respect of which you have not assessed the adult's capacity.)

The reasons for my opinion are as follows:

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set out the reasons

**Financial Matters**

Adult has capacity

Adult does not have capacity

Matter

financial matters

The reasons for my opinion are as follows:

\_\_\_\_\_ set out the reasons

(Note: Draw a line through this section if you have not assessed the adult's capacity to make decisions about financial matters)

In forming my opinion about the adult's capacity to make decisions about the specified personal or financial matter(s),

- (a) I considered the adult's ability to understand the information that is relevant to a decision and to appreciate the reasonably foreseeable consequences of a decision and a failure to make a decision about the matter(s), and
- (b) I took into account
  - (i) whether the adult has the ability to retain information that is relevant to decisions about the matter(s), and
  - (ii) the following additional factors, if any: \_\_\_\_\_

\_\_\_\_\_ specify

Comments:

14. If in item 13 I have stated that in my opinion the adult does not have the capacity to make decisions about one or more matter(s), I have given consideration to whether the adult is likely to regain some or all of their capacity to make decisions about the matter(s) and I believe that the adult:

(a) is likely to regain some or all of his or her capacity to make decisions about the matter(s) and I recommend that another capacity assessment of the adult be conducted by no later than

\_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ ;  
day month year

Comments:

or

(b) is not likely to regain some or all of his or her capacity to make decisions about the matter(s).

Comments:

15. I have attached more detailed information respecting the capacity assessment.

No

Yes. I have attached the following documents:

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16. In my opinion, serving the adult with notice of an application for a guardianship or trusteeship order:

- (a) is not likely to cause serious emotional or physical harm to the adult; or
- (b) is likely to cause serious emotional or physical harm to the adult for the following reasons

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set out the reasons

Dated at \_\_\_\_\_  
location

in the province of Alberta this \_\_\_\_\_  
day / month / year

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print name of physician, psychologist or capacity assessor  
who conducted the capacity assessment

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signature of physician, psychologist or capacity assessor  
who conducted the capacity assessment

Contact information of the

Physician, psychologist or capacity assessor who conducted the  
capacity assessment:
