FORM 64A

R. 295G(2)

**(i) For applications for Orders under sections 14 or 15 by a person mentioned in section 12(2)(a)(i) Vulnerable Adults Act**

**MENTAL CAPACITY ASSESSMENT REPORT**

*To be filled in by a mental capacity assessor as appointed by the Director of Social Welfare under the Vulnerable Adults Act 2018*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **(A) INDIVIDUAL’S PARTICULARS** | | | | |
| **Name**  (as in NRIC)**:** |  | | **Gender:** | Male  Female |
| **NRIC / FIN / Passport no.:** | NRIC (Pink)  NRIC (Blue)  FIN  Passport  Other (please specify: \_\_\_\_\_\_\_) | | **Date of Birth:** | **\_\_\_ / \_\_\_ / \_\_\_\_\_\_**  DD MM YYYY |
| **Place of Assessment:**  **Date of assessment:** | **\_\_\_ / \_\_\_ / \_\_\_\_\_**  DD MM YYYY |
| **(B) ASSESSOR’S PARTICULARS** | | | | |
| **Name**  (as in NRIC)**:** |  | | **Contact no.:** |  |
| **MCR/SRP no.:** |  | | | |
| **Designation and Department:** |  | | | |
| **Assessor’s qualifications and experience in assessing mental capacity:** |  | | | |
| **Hospital / clinic / organisation and address:** |  | | | |
| ***Relationship with VA:*** *(please tick where applicable)* | *I have been seeing the VA regularly over a period of time*  Date of first consultation/assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Frequency of consultation/assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of last examination/assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *I am seeing the VA for this mental capacity assessment only.* | | | |
| **(C) INDIVIDUAL’S MEDICAL INFORMATION** | | | | |
| **Past medical history (if any)** | **Past Diagnosis:**  Date of assessment:  Source of information:  ☐ Medical records/report – please specify doctor & clinic/hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Vulnerable adult  ☐ Others – please specify:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Current Diagnosis:** | Please state what the individual is suffering from. | | | |
| **Symptoms in relation to mental capacity:** | Is there a current impairment of or disturbance in the functioning of the person’s mind or brain? *(e.g., symptoms of alcohol or drug use, delirium, concussion, head injury, conditions associated with mental illness, dementia, significant learning disability, brain damage, confusion, drowsiness, or loss of consciousness due to a physical or medical condition)*  Note: If there is no indication of impairment of or disturbance in the functioning of the person’s mind or brain, the person will not lack capacity within the meaning of s4 of the Mental Capacity Act. | | | |
| **(D) ASSESSMENT OF VULNERABLE ADULT’S MENTAL CAPACITY** | | | | |
| *A person lacks mental capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter, because of an impairment of, or a disturbance in the functioning of, the mind or brain.*  *A person is unable to make a decision for himself if he is unable –*   1. *To understand the information relevant to the decision;* 2. *To retain that information;* 3. *To use or weigh that information as part of the process of making the decision; or* 4. *To communicate his decision (whether by talking, using sign language or any other means).*   *The information relevant to a decision includes information about the reasonably foreseeable consequences of —*   1. *Deciding one way or another; or* 2. *Failing to make the decision.*   *A person’s capacity must not be judged simply on the basis of their age, appearance, condition or an aspect of their behaviour. A person is not to be deemed as unable to make a decision unless all practicable steps to help him to do so have been taken without success.* | | | | |
| **Mental capacity to consent** | ***Does the Vulnerable Adult have the mental capacity to consent to the court interventions indicated in sub-sections \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:*** | | | |
| 1. To be committed to a place of temporary care and protection or the care of a fit person for a period not exceeding six months; | Yes  No  Unable to understand information   relevant to decision  Unable to retain information  Unable to use or weigh information   for decision making  Unable to communicate his/her   decision | | |
| 1. To be committed to a place of safety or the care of a fit person for a specified period exceeding six months; | Yes  No  Unable to understand information   relevant to decision  Unable to retain information  Unable to use or weigh information   for decision making  Unable to communicate his/her   decision | | |
| 1. For a person to produce him/her at a medical or dental facility for such medical or dental treatment as may be necessary to enable his/her committal to a place of temporary care and protection, the care of a fit person or a place of safety; | Yes  No  Unable to understand information   relevant to decision  Unable to retain information  Unable to use or weigh information   for decision making  Unable to communicate his/her   decision | | |
| 1. To be placed under the supervision of protector, approved welfare officer or a person appointed by the Court, for a specified period; | Yes  No  Unable to understand information   relevant to decision  Unable to retain information  Unable to use or weigh information   for decision making  Unable to communicate his/her   decision | | |
| 1. To make his/her place of residence a safe living environment, including removing him/her temporarily for this purpose and disposing of articles or things in the residence; | Yes  No  Unable to understand information   relevant to decision  Unable to retain information  Unable to use or weigh information   for decision making  Unable to communicate his/her   decision | | |
| 1. To restrain another person from abusing or further abusing him/her; and | Yes  No  Unable to understand information   relevant to decision  Unable to retain information  Unable to use or weigh information   for decision making  Unable to communicate his/her   decision | | |
| 1. To be granted exclusive right of occupation of the premises where he/she ordinarily resides, or part thereof, to the exclusion of another person; and | Yes  No  Unable to understand information   relevant to decision  Unable to retain information  Unable to use or weigh information   for decision making  Unable to communicate his/her   decision | | |
| 1. To prohibit a person from entering and remaining in a specific area outside his/her place of residence or any other place he/she frequents; and | Yes  No  Unable to understand information   relevant to decision  Unable to retain information  Unable to use or weigh information   for decision making  Unable to communicate his/her   decision | | |
| 1. To prohibit a person from visiting or communicating with him/her; and | Yes  No  Unable to understand information   relevant to decision  Unable to retain information  Unable to use or weigh information   for decision making  Unable to communicate his/her   decision | | |
|  | 1. To be required to attend counselling or any other court directed programmes | Yes  No  Unable to understand information   relevant to decision  Unable to retain information  Unable to use or weigh information   for decision making  Unable to communicate his/her   decision | | |
|  | 1. To be placed under the custody, charge and care of the Director of Social Welfare/ protector until an application to court under Section 12 is made and determined | Yes  No  Unable to understand information   relevant to decision  Unable to retain information  Unable to use or weigh information   for decision making  Unable to communicate his/her   decision | | |
| **Basis of opinion** | ***Supporting information / clinical observations***: | | | |
| **(E) PROGNOSIS** | | | | |
| Where “No” is indicated in any or all of the above:  Do you consider there is a prospect that the person might regain or acquire capacity in the future in respect of the decisions to which the application relates?  Yes. Please state why and given an indication of when this might happen:  No. Please state why: | | | | |
| **(F) ANY OTHER INFORMATION / REMARKS** | | | | |
|  | | | | |
| **G) DECLARATION** | | | | |
| I believe in the correctness of the assessment set out herein.  I do not have any family members or friends who have any interest (financial or otherwise) in any matter concerning the person to whom the application relates.  I understand that this report may be used by the Director of Social Welfare or protector in the exercise of statutory powers under the Vulnerable Adults Act, or submitted to the Court in an application for a court order under the Vulnerable Adults Act.  The assessment of mental capacity is only for decisions covered under this form and cannot be used for any other transactions or purposes at present or in future, whether or not related to the Vulnerable Adults Act.  **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

***(ii) For applications for Orders under sections 14 and 15 by a person mentioned in section 12(2)(a)(ii) or (iii)***

**MENTAL CAPACITY ASSESSMENT REPORT**

***(For use in support of a Court application under the Vulnerable Adults Act)***

**Date:\_\_\_\_\_\_\_\_\_\_\_**

**Full name of Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**NRIC No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age of Patient at last birthday: \_\_\_\_\_\_\_\_\_\_\_**

This is to certify that:

1. the above-named patient does not have the mental capacity to give consent to either an approved welfare officer or his/her donee/deputy (if any) or a family member to make an application for any of the Court Orders stated below.
2. [Optional] Medical diagnosis

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| ASSESSMENT OF VULNERABLE ADULT’S MENTAL CAPACITY | | |
| --- | --- | --- |
| Mental capacity to consent | *Does the Vulnerable Adult have the mental capacity to consent to the following court interventions:* | |
| 1. Section 14(1)(e)   To restrain another person from abusing or further abusing him/her; and/or | Yes  No  Unable to understand information   relevant to decision  Unable to retain information  Unable to use or weigh information   for decision making  Unable to communicate his/her   decision |
| 1. Section 14(1)(f)   To be granted exclusive right of occupation of the premises where he/she ordinarily resides, or part thereof, to the exclusion of another person; and/or | Yes  No  Unable to understand information   relevant to decision  Unable to retain information  Unable to use or weigh information   for decision making  Unable to communicate his/her   decision |
| 1. Section 14(1)(g)   To prohibit a person from entering and remaining in a specific area outside his/her place of residence or any other place he/she frequents; and/or | Yes  No  Unable to understand information   relevant to decision  Unable to retain information  Unable to use or weigh information   for decision making  Unable to communicate his/her   decision |
| 1. Section 14(1)(h)   To prohibit a person from visiting or communicating with him/her. | Yes  No  Unable to understand information   relevant to decision  Unable to retain information  Unable to use or weigh information   for decision making  Unable to communicate his/her   decision |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Doctor:**

**Clinic/Hospital:**

**Medical Registration Number:**

**Guidance Notes:**

*A person lacks mental capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter, because of an impairment of, or a disturbance in the functioning of, the mind or brain.*

*A person is unable to make a decision for himself if he is unable –*

*(a) To understand the information relevant to the decision;*

*(b)To retain that information;*

*(c)To use or weigh that information as part of the process of making the decision; or*

*(d)To communicate his decision (whether by talking, using sign language or any other means).*

*The information relevant to a decision includes information about the reasonably foreseeable consequences of —*

1. *Deciding one way or another; or*
2. *Failing to make the decision.*

*A person’s capacity must not be judged simply on the basis of their age, appearance, condition or an aspect of their behaviour. A person is not to be deemed as unable to make a decision unless all practicable steps to help him to do so have been taken without success.*