

(To be used when the person designated in the personal directive to determine capacity consults with a physician or psychologist.)

Part 1

(To be completed by the person designated in the personal directive to determine capacity after consultation with a physician or psychologist.)

"capacity" means the ability to understand the information that is relevant to the making of a personal decision and the ability to appreciate the reasonably foreseeable consequences of the decision (s1 (b) of the *Personal Directives Act*).

I, _____, am designated in the personal directive made by the
(name)
maker, _____, as the person who is to determine his/her capacity.
(name of maker)

Before conducting an assessment of the capacity of the maker, I met with the maker and explained the purpose and nature of the assessment, the maker's right to refuse to be assessed and the significance and effect of a finding that the maker lacks capacity to make personal decisions.

The reason(s) I assessed the maker's capacity are as follows: _____

I identified that an assessment of the maker's ability to make personal decisions was warranted with respect to the following personal matters:

After consulting with _____ and interviewing the maker,
(name of Alberta physician or psychologist)

I have determined and declare that _____ lacks the capacity to make
(name of maker)

decisions about the following personal matter(s) of a non-financial nature (check any or all that apply):

- health care
- accommodation
- with whom to live and associate
- participation in social activities
- participation in educational activities
- participation in employment activities
- legal matters
- other _____

The reasons for my determination are as follows:

1. The level of consciousness of the maker at the time of my determination was (check one):

- alert
- fluctuating
- non-responsive

2. It is my understanding that all temporary medical conditions that may affect the maker's capacity have been ruled out: Yes

3. In my opinion, the maker:

- Is unable to understand the information that is needed to make a decision about the above-specified personal matter(s) and is unable to understand the options presented. Yes No

My reason(s) for this opinion are as follows: _____

- Is unable to retain the information relevant to making a decision about the above-specified personal matter(s). Yes No

My reason(s) for this opinion are as follows: _____

- Is unable to identify and appreciate the consequences of making or not making a decision about the above-specified personal matter(s). Yes No

My reason(s) for this opinion are as follows: _____

- Is unable to communicate his/her decision about the above-specified personal matter(s). Yes No

My reason(s) for this opinion are as follows: _____

I recommend that this declaration be reviewed on _____ . (Optional)
(date)

Dated at _____ in the Province of Alberta this _____ day of _____
(location) (day)

(month) (year)

Printed name of person completing Part 1

Signature of person completing Part 1

Part 2

(To be completed by the physician or psychologist consulted by the person who completed Part 1.)

I, _____, am a member in good standing of the
(name)

(College of Physicians and Surgeons of the Province of Alberta / College of Alberta Psychologists)

Before conducting an assessment of the capacity of the maker, _____,
(name of maker)
I met with the maker and explained the purpose and nature of the assessment, the maker's right to refuse to be assessed and the significance and effect of a finding that the maker lacks capacity to make personal decisions.

I have interviewed the maker and consulted with _____.
(name of person who completed Part 1)

The reason(s) I assessed the maker's capacity are as follows: _____

I am of the opinion that _____ lacks the capacity to make decisions
(name of maker)

about the following personal matter(s) of a non-financial nature (check any or all that apply):

- health care
- accommodation
- with whom to live and associate
- participation in social activities
- participation in educational activities
- participation in employment activities
- legal matters
- other _____

The reasons for my determination are as follows:

1. The level of consciousness of the maker at the time of my determination was (check one):

- alert
- fluctuating
- non-responsive

2. Based on the medical evaluation done by _____ on
(name of physician)

_____, all temporary medical conditions that may affect the capacity of the maker
(day/month/year)

have been ruled out: Yes

3. In my opinion, the maker:

- Is unable to understand the information that is needed to make a decision about the above-specified personal matter(s) and is unable to understand the options presented. Yes No

My reason(s) for this opinion are as follows: _____

- Is unable to retain the information that is relevant to making a decision about the above-specified personal matter(s). Yes No

My reason(s) for this opinion are as follows: _____

- Is unable to identify and appreciate the consequences of making or not making a decision about the above-specified personal matter(s). Yes No

My reason(s) for this opinion are as follows: _____

- Is unable to communicate his/her decision about the above-specified personal matter(s).

Yes No

My reason(s) for this opinion are as follows: _____

4. I have attached a more detailed capacity assessment or report. (Optional) Yes No

I recommend that this declaration be reviewed on _____ . (Optional)
(date)

Dated at _____ in the Province of Alberta this _____ day of
(location) (day)

(month) (year)

Printed name of physician/psychologist completing Part 2

Signature of physician/psychologist completing Part 2