**Informed Consent/Capacity/Conservator Assessment**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| This person is safe in his immediate environment with choices. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person can make choices that do not jeopardize his/her health and safety. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person has coping skills that allow him/her to handle most frustrations without self-injurious or aggressive responses. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person expresses an awareness of their medication regimen and why he/she is taking the medication. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person expresses understanding of “pros” and “cons” of medical treatments and medications. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person responds appropriately to “what if” questions about medical care and treatment, including medications. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person is able to adjust thinking when new information is given about medical conditions/treatment. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person demonstrates the ability to recall information and retain information long enough to make effective decisions. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person is able to express awareness of his/her own strengths and limitations. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person understands his/her right to refuse treatment and medications. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person asks appropriate questions & is able to ask appropriate questions about medical supports & medications. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person understands his/her BIP/restrictions (if appropriate). Why they are in place and the steps to remove the need for them. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person understands natural consequences to engaging in harmful (to self or others) actions. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person understands replacement goals for harmful behaviors. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person demonstrates the ability to agree/disagree with program strategies in his/her ISP/BIP. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person can understand invasive procedures such as surgery including risks and benefits. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person can make decisions regarding where to live and how to spend their day without placing themselves as risk. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person can make effective decisions regarding roommates, alone time. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person does not exhibit self-neglect when not supported. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person has a guardian they rely on to assist them with making decisions. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |
| This person demonstrates the ability to understand steps and process to achieve personal and health goals. | Yes 🞎 | No 🞎 | W/Assist 🞎 |
| Comments: | | | |

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Signature of Person Completing Assessment

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Date

IDT Discussion:

Date:

Recommendations:

Based on the above assessment and IDT Discussion the following has been determined (check all that apply):

|  |  |
| --- | --- |
| **√** | **Action** |
|  | This person still needs support of a guardian for decisions involving medications, medical procedures and day-to-day choices. |
|  | This person has the skills to begin to have more control over his/her personal choices and decision making with less reliance on a guardian. |
|  | This person has the skills to be their own guardian and make choices within the environment they are living. Revisiting this person’s need for guardianship will be initiated. |
|  | This person is already their own guardian |