

Best Interest Consultation and Decision

Person details:		
Name: Click in boxes to enter text.	DOB: dd/mm/YYYY	Legal Status:
Address:	Language(s) spoken / Communication needs:	Ethnic Origin:
		Religion:

Significant others' details:			
Name:	DOB: dd/mm/YYYY	LPA? Y/N list.	LPA Type: F <input type="checkbox"/> W <input type="checkbox"/>
Address:	Language(s) spoken / Communication needs:	Delegate? Y/N list.	Type: F <input type="checkbox"/> W <input type="checkbox"/>
		Ethnic Origin:	

DATE OF THIS BEST INTEREST DECISION

NAME AND ROLE OF DECISION-MAKER

SPECIFIC DECISION TO BE MADE

PERSONS VIEWS AND STEPS TAKEN TO ENABLE AND SUPPORT DECISION-MAKING

DATE OF ASSESSMENT OF CAPACITY

NAME AND ROLE OF ASSESSOR

ASSESSMENT OF CAPACITY BY DECISION-MAKER

In my opinion, this person is unable to make their own decision regarding the proposed care and/or treatment because of an impairment or a disturbance in the functioning of their mind or brain	Y/N list.
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IS IT POSSIBLE TO DELAY THE DECISION UNTIL THE PERSON REGAINS CAPACITY

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DECISION-MAKING CHECKLIST

Is there a valid advance decision to refuse treatment (ADRT), Lasting Power of Attorney (LPA) or delegate for health and welfare ?	Y/N list.
To the best of my knowledge and belief the requested authorisation would not conflict with an ADRT or a decision by attorney or delegate for health and welfare	Y/N list.
Evidence	

An Independent Capacity Advocate (ICA) has been requested in relation to this decision	Y/N list.
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PEOPLE CONSULTED

Name	Role/Relationship	Invited	Attended
		Y/N list.	Y/N list.

PEOPLE NOT CONSULTED

Name	Connection to Person	Reason

BACKGROUND INFORMATION INCLUDING CONCRETE SITUATION FOR THE PERSON

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WHAT IS KNOWN ABOUT THE PERSONS PAST AND PRESENT WISHES AND FEELINGS

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WHAT IS KNOWN ABOUT THE PERSONS BELIEFS AND VALUES

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ANY OTHER FACTORS WHICH THE PERSON WOULD LIKELY CONSIDER

This record is to be treated as CONFIDENTIAL and stored securely.

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RECORD OF ANY OTHER RELEVANT DISCUSSION

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DETAILS OF PREVIOUS RELEVANT MEETINGS AND OUTCOMES

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OPTIONS TO BE CONSIDERED

Option:	
<u>Advantages/Benefits:</u>	<u>Disadvantages/Risks:</u>

CONSULTED PEOPLE'S VIEWS

Name	Role/Relationship	Viewpoint

ANALYSIS OF CHOSEN BEST INTERESTS OPTION

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DECISION AND OUTCOME

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EXPLAIN WHY THIS IS CONSIDERED THE LESS RESTRICTIVE OF THE OPTIONS

Significant restriction?	Y/N list

DETAILS OF ANY OBJECTIONS

Name	Role/Relationship	Objection

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ACTIONS

ACTION/ACTIVITY	DESIRED OUTCOME	RESPONSIBLE PERSON	TIMESCALE
			Complete by Choose date.

REVIEW ARRANGEMENTS

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DECISION-MAKER SIGNATURE

Name		Signature		Date	Choose date.
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