

Part 1

(To be completed by 2 service providers, one of whom is a physician or psychologist, after a personal directive is in effect when the agent and a service provider who provides health care services to the maker disagree that the maker has regained the capacity to make decisions about personal matters).

“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*).

“significant change” means an observable and sustained improvement that does not appear to be temporary (s1(o) of the *Personal Directives Act*).

I, _____, am a member in good standing of the
(name of consulted physician/psychologist)

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

I was asked by _____ to assess the capacity of the
(name of agent or service provider)
maker, _____, because the maker’s agent and a service provider
(name of maker)
who provides health care services to the maker have assessed the maker’s capacity and disagree about whether the maker has regained the capacity to make decisions about personal matters.

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

Before conducting an assessment of the maker’s capacity, I determined that it was in the best interest of the maker to conduct the assessment, and met with the maker and explained to the maker the purpose and nature of the assessment.

I have interviewed the maker and determined that he/she has regained the capacity to make 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 reason(s) 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. I have identified and ruled out any temporary medical conditions that may affect the maker's capacity to make personal decisions: Yes

3. In my opinion, the maker:

- Is able 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 able 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 able 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 able 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

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

(month) (year)

Printed name of physician/psychologist completing Part 1

Signature of physician/psychologist completing Part 1

Part 2

I, _____, am a service provider.
(name and title/position of service provider)

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: _____

Before conducting an assessment of the maker's capacity, I determined that it was in the best interest of the maker to conduct the assessment, and met with the maker and explained to the maker the purpose and nature of the assessment.

I have interviewed the maker and determined that he/she has regained the capacity to make 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 reason(s) 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. I have identified and ruled out any temporary medical conditions that may affect the maker's capacity to make personal decisions: Yes

3. In my opinion, the maker:

- Is able 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 able 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 able 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 able 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

Dated at _____ in the Province of Alberta this _____ day of _____

(location) (day)

_____ .

(month) (year)

Printed name of service provider completing Part 2

Signature of service provider completing Part 2