Declaration of Incapacity to Make Decisions about a Personal Matter (Section 9(2)(b)) - Schedule 3

Part 1

(To be completed by a service provider who is 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 a member in good standing of the _____________________________.

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

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:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

I have interviewed the maker and determined that the maker lacks 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 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 made by ____________________________ on ____________________________, all temporary medical conditions that may affect the capacity of the maker 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).
     
     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)

Dated at ____________________________ in the Province of Alberta this ______ day of ____________________________ .

________________________________________________________

Printed name of physician / psychologist completing Part 1   Signature of physician / psychologist completing Part 1
Part 2

(To be completed by a service provider.)

I, ____________________________, am _____________________________.

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:

______________________________

______________________________

I have interviewed the maker and determined that the maker lacks the capacity to make a decision 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:
   
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________
   __________________________________________________________________________________________

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

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

Dated at ______________________ in the Province of Alberta this ______ day of

_________________ (location) (month) __________ (year) .

_________________ Printed name of service provider completing Part 2

_________________ Signature of service provider completing Part 2