Determination of Regained Capacity
(Section 10.1(5)) - Schedule 6

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 maker, _____________________________________________, because the maker’s agent and a service provider 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: __________________________________________________________

(name of agent or service provider)

(name of maker)

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
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  ☐ No

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