Dear Dr

**Re: Request for capacity assessment**

**Name of Adult:**

Address

Date of birth

As the social worker/council officer/social work assistant involved with …………….. I am writing to request an assessment of capacity.

I am requesting a specific assessment of capacity relating to ………………………………………………….. (*e.g. ability to manage money)*

**…………………. (***Describe the behaviour causing concern that is affecting their decision making process and any relevant information about current circumstances)*

I am requesting a capacity assessment at this time as the outcome will allow us to

……………………………………..(*explain how the capacity assessment will alter current situation eg intervene under legislation if they lack capacity in this area)*

The Adults with Incapacity Act 2000 makes use of a ‘functional’ test of capacity which focuses on the decision-making process itself and identifies certain areas in the decision making process.

The area of main concern in relation to decision making is :

( ) to understand the information relevant to the decision

( ) to retain the information relevant to the decision

( ) to use or weigh the information; or

( ) to communicate the decision (by any means).

( ) the ability to act on decisions made

*As there are adult protection concerns there is a degree of urgency for this request and I would appreciate if this could be given priority*

Yours sincerely

…………………….....................Social Worker/Council Officer/Social Work Assistant

…………………….....................Manager