

ADULTS WITH INCAPACITY (SCOTLAND) ACT 2000

CASE CONFERENCE MINUTES – MEETING HELD ON (PLEASE INSERT DATE):

Forename	Surname	Date of Birth	CF NUMBER

Home Address
Current Address (if different from above)

Chair Person	Team Responsible
Minute Taker	
Mental Health Officer	
Name:	Address:
Legal Services	
Name:	Address:

Nearest Relative	Principal Carer
Name:	Name:
Address:	Address:
Relationship:	

Present	Address & Designation
Apologies	Address & Designation
Invited but did not attend	Address & Designation

Reason for Case Conference

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Discussion re Incapacity

- To include how condition affects capacity to make decisions

[illegible]

Discussion re decisions needed

- To include how these will benefit the Adult
- To include discussion re the least restrictive option

[illegible]

Views of the Adult – How these were obtained

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Views of the Nearest Relative

[illegible]

Views of relevant other people

Summary of discussion

[illegible]

Assessment of Risk		
Conclusion and agreed Action		
Lead Officer		Address
MHO/Person responsible for report		Address
Order required (delete as required)		
<ul style="list-style-type: none">Welfare GuardianshipFinancial/Property GuardianshipWelfare & Financial Property GuardianshipWelfare Intervention OrderFinancial Intervention OrderWelfare & Financial/Property Intervention Order		
Appointment to be made (ie Guardian, Intervenor etc)	Name of person to be appointed	Address

Powers to be sought		
Medical Practitioner 1	Designation	Address
Medical Practitioner 2	Designation	Address

Signed: (Chair)

Date: