

MDT Capacity Questionnaire

Name of patient: _____ **DOB:** _____

1 Please outline the patient's physical and cognitive abilities from your assessments and any reasons that they may be at risk on discharge:

2a. Do you think the patient has the capacity to make a decision about his/her discharge destination?

YES / NO

2b. Please outline why you have this opinion:

3 Any other information that may be useful for the capacity assessment, e.g., living arrangements, social support and previous equipment and/or carers:

Name of MDT member: _____

Profession: _____ **Date:** _____