

Report of Decision-Making Capacities Care Transitions Project

Instructions:

- ◆ This form must be completed and signed by a doctor (M.D. or D.O.), licensed psychologist, or nurse practitioner (ARNP). A physician’s assistant (PA-C) may complete and sign the form as long as their supervising physician also signs the form.
- ◆ Please type or print legibly.
- ◆ This document will be submitted as evidence in a court proceeding. The medical professional completing the form may be asked to testify in court regarding this report and may be asked to submit additional information supporting the contents of this report.

Respondent’s Name:	DOB:		
Professional’s name:			
Practice Area:	Licensure/Certification:		
Assistant/Contact Person			
Address:	Telephone No.:		
Date care was first provided:			
Date last examined for the purpose of preparing this report:			
Diagnosis(es):			
Decision-Making Capacity			
<p>Decision-making capacity is defined by an individual’s ability to understand information, weigh the benefits and risks of options, and make a meaningful choice.</p> <ul style="list-style-type: none"> ◆ Having a cognitive impairment, mental illness, or intellectual or developmental disability does not necessarily mean a person lacks decision-making capacity. ◆ Making unconventional, unpopular, or unsafe decisions does not necessarily mean a person lacks decision-making capacity. ◆ Needing assistance to carry out decisions (e.g. needing help to perform ADLs or IADLs) does not necessarily mean a person lacks decision-making capacity. <p>For each question below, please indicate whether the respondent is able to make independent decisions, needs support and assistance to make decisions, or needs someone else (a surrogate) to make decisions on their behalf.</p>			
	Independent	With supports and assistance	Needs a surrogate
1. Indicate the respondent’s decision-making capacity related to <u>caring for their personal safety;</u> <i>Please provide explanation and/or attach supporting documentation to explain any functional limitations and any support or assistance the respondent needs:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>2. Indicate the respondent's decision-making capacity related <u>to attending to or providing for necessities, such as food, clothing, and shelter</u>, without which physical injury or illness may occur:</p> <p><i>Please provide explanation and/or attach supporting documentation to explain any functional limitations and any support or assistance the respondent needs:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Indicate the respondent's decision-making capacity related <u>to attending to or providing for medical care</u>, without which physical injury or illness may occur:</p> <p><i>Please provide explanation and/or attach supporting documentation to explain any functional limitations and any support or assistance the respondent needs:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Indicate the respondent's decision-making capacity related <u>to making, communicating, or carrying out important decisions concerning their financial affairs</u>:</p> <p><i>Please provide explanation and/or attach supporting documentation to explain any functional limitations and any support or assistance the respondent needs:</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Decision-Making Capacity Relating to Marriage and Voting	Yes	No
<p>5. Does the respondent have the decision-making capacity to enter into a contract of marriage or dissolution?</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. If the respondent has an intellectual disability as defined in Iowa Code Section 4.1, do they have the mental capacity to comprehend and exercise the right to vote?</p>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information
<p>7. List and explain any physical conditions that impair the respondent's decision-making capacity.</p>
<p>8. List and explain any mental conditions that impair the respondent's decision-making capacity.</p>
<p>9. Identify any medical history relied upon in completing this report as it relates to the respondent's impairment of decision-making capacity.</p>

10. Can continued medical **treatment**, including medication, **improve the decision-making capacity** of the respondent?

11. What **level of care** is appropriate for the respondent based on the respondent's needs and best interest?

Professional Opinion Regarding Guardianship And Conservatorship
(Check the following that apply)

Based upon my evaluation of the respondent's decision-making capacity, it is my professional opinion to a reasonable degree of professional/medical certainty (or that degree of expert testimony that I am professionally qualified to express):

Respondent:	Yes	No
1. Lacks decision-making capacities. If Yes, continue If No, Respondent can make their own decisions and does NOT need assistance with decision-making.	<input type="checkbox"/>	<input type="checkbox"/>
2. The respondent needs a guardian to act on their behalf and to make decisions pertaining to the respondent's personal needs and affairs.	<input type="checkbox"/>	<input type="checkbox"/>
3. The respondent needs a conservator to act on their behalf and make decisions regarding the respondent's financial matters.	<input type="checkbox"/>	<input type="checkbox"/>
4. Can make their own decisions without a substitute decision-maker, but with third party assistance/services.	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional information about the respondent that could assist the court in making its determination:

I certify under penalty of perjury and pursuant of the laws of the state of Iowa that the preceding is true and correct.

Printed Name/Title	Date:
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Signature