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| Case ID Number: | | | | | | | | |
| **DEPRIVATION OF LIBERTY SAFEGUARDS FORM 4B**  **MENTAL CAPACITY, MENTAL HEALTH, and ELIGIBILITY ASSESSMENTS** | | | | | | | | |
| This combined form contains 3 separate assessments; if any assessment is negative there is no need to complete the others unless specifically commissioned to do so by the Supervisory Body. | | | | | | | | |
| **Please indicate which assessments have been completed.**  *(\*Supervisory Bodies will vary in practice as to who completes the Mental Capacity assessment)* | | | | | | | | |
| Mental Capacity**\*** |  | Mental Health | |  | Eligibility | | |  |
| This form is being completed in relation to a request for a (further) standard authorisation. | | | | | | | |  |
| Full name of the person being assessed and the name of the care home or hospital | | |  | | | | | |
| Date of birth  *(or estimated age if unknown)* | | |  | | | Est. Age |  | |
| Name and address of the Assessor | | |  | | | | | |
| Profession of the Assessor | | |  | | | | | |
| Name of the Supervisory Body | | |  | | | | | |

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| **MENTAL HEALTH ASSESSMENT** | | | | | | |
| A previous mental health assessment was carried out and concluded that the mental health requirement was met on **Date……………………..** | | | | | | |
| **Place a cross against all the boxes below,** *if you are unable to do so then a complete Form 4 is required* | | | | | | |
| In carrying out this fresh assessment I have considered the previous assessment, consulted the managing authority and considered all information provided to me by the supervisory body, in particular, as to whether there have been any material changes in the person’s condition or circumstances. | | | | |  | |
| In my opinion, the person **IS** **STILL** suffering from a mental disorder within the meaning of the Mental Health Act 1983 (disregarding any exclusion for persons with learning disability) | | | | |  | |
| My opinion remains that the person’s mental health is not likely to be affected by being deprived of their liberty under the proposed arrangements. | | | | |  | |
| **ELIGIBILITY ASSESSMENT** | | | | | | |
| An eligibility assessment was carried out previously and concluded that the person was eligible for DoLS the mental health requirement was met on **Date………….** | | | | | | |
| **Place a cross against all the boxes below,** *if you are unable to do so then a complete Form 4 is required* | | | | | | |
| In carrying out this fresh assessment I have considered the previous assessment, consulted the managing authority and considered all information provided to me by the supervisory body, in particular as to whether there have been any material changes in the person’s circumstances. | | | |  | |  |
| My opinion remains that the person is still eligible for DoLS I *If the answer is No you need to complete a Full Form 4.* | | | |  | |  |
|  | |  |
| The following practicable steps have been taken to enable and support the person to make the decision whether or not to be accommodated for the purpose of care or treatment in circumstances of confinement: | | | | | | |
| **Question One: Is the person able to do all of the following** | | | | **YES/NO** | | |
| 1. **The person is able to understand the information relevant to the decision**   *Record how you have tested whether the person can understand the information, the questions used, how you presented the information and your findings.* | | | |  | | |
| 1. **The person is able to retain the information relevant to the decision**   *Record how you tested whether the person could retain the information and your findings. Note that a person’s ability to retain the information for only a short period does not prevent them from being able to make the decision.* | | | |  | | |
| 1. **The person is able to use and weigh that information as part of the process of**   **making the decision**  *Record how you tested whether the person could use and weigh the information and your findings.* | | | | *.* | | |
| 1. **The person is able to communicate their decision (whether by talking, using sign language or any other means)**   *Record your findings about whether the person can communicate the decision* | | | |  | | |
| **Question Two: Does the person have an impairment or disturbance in the functioning of their mind or brain?** | | | |  | | |
| *Describe:* | | | |  | | |
| **Question Three: Is the person unable to make the decision because of the mental impairment described above** | | | |  | | |
| *Describe*: | | | | | | |
| In carrying out this fresh assessment I have considered my previous assessment, consulted the managing authority and considered all information provided to me by the supervisory body, in particular, as to whether there have been any material changes in the person’s condition or circumstances. | | | |  | | |
| In my opinion the person still **LACKS** capacity to decide whether or not they should be accommodated in this hospital or care home in circumstances of confinement for the purpose of being given the proposed care and/or treatment, and the person is unable to make this decision because of an impairment of, or a disturbance in the functioning of, the mind or brain. | | | |  | | |
| In my opinion the person **HAS** capacity to decide whether or not they should be accommodated in this hospital or care home in circumstances of confinement for the purpose of being given the proposed care and/or treatment | | | |  | | |
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| **PLEASE NOW SIGN AND DATE THIS FORM** | | | | | | |
| Signed |  | Date |  | | | |
| Print Name |  | Time |  | | | |