Physician Statement of Decision-Making Capacity

(Determination of Impaired Capacity)

Individual Name: _____

Date of Birth / Identifier: _____

Date of Evaluation: _____

To Whom It May Concern,

I am a physician involved in the care of the above-named individual. Based on my clinical evaluation, I am providing this statement regarding the individual's capacity to make informed decisions. Decision-making capacity is presumed unless clinical evaluation demonstrates otherwise, and it is specific to the decision(s) at issue and to the time of evaluation.

Decision(s) at Issue

This statement addresses the individual's capacity with respect to the following decision(s) (e.g., medical treatment, financial management, living arrangement, or care planning):

_____

_____

Capacity Assessment

Decision-making capacity was evaluated across the four functional domains below, with reasonable accommodations (plain-language explanation, additional time, communication supports) provided as appropriate.

1. Understanding

Ability to understand and retain the information relevant to the decision and understand the risks, benefits and alternatives.

Finding: ☐ Intact ☐ Impaired — present only with assistance ☐ Absent

Clinical observations: _____

2. Appreciation

Ability to appreciate how that information applies to one's own situation and circumstances.

Finding: ☐ Intact ☐ Impaired — present only with assistance ☐ Absent

Clinical observations: _____

3. Reasoning

Ability to weigh, compare and make a rational choice based on personal values.

Finding: ☐ Intact ☐ Impaired — present only with assistance ☐ Absent

Clinical observations: _____

4. Expressing a Choice

Ability to clearly communicate a reasonably consistent decision.

Finding: ☐ Intact ☐ Impaired — present only with assistance ☐ Absent

Clinical observations: _____

Supporting Clinical Context

Relevant diagnoses, mental-status findings, and other clinical observations supporting this determination (cognitive screening scores, where used, are noted as context only and are not the basis for the determination):

_____

_____

Determination

Based on the above evaluation, it is my professional medical opinion that the above-named individual does NOT currently have the capacity to make informed decisions regarding the matter(s) identified above. The individual lacks the understanding, appreciation, and reasoning

Recommendation

Because the individual cannot make these decisions independently, decisions on the matter(s) above should be made with appropriate and legally recognizable support — through the involvement of the individual's legal guardian, authorized surrogate decision-maker, or a supported decision-making arrangement — guided by the individual's known wishes, values, and best interests. The individual should continue to be included in discussions to the fullest extent of their ability.

Identified surrogate / decision-support (if known): _____

Scope and Limitations

- This is a decision-specific capacity assessment and does NOT constitute a global determination of legal competency.
- Capacity may fluctuate and should be reassessed as clinically indicated; this statement expressly and solely reflects the individual's status as of the date of evaluation.
- A finding of impaired capacity indicates the need for surrogate or supported decision-making; it does not, by itself, exclude the individual from any care process or community-based service for which they would otherwise be eligible.
- Cognitive screening scores (e.g., BIMS, MoCA, MMSE) are not determinants of decision-making capacity and were not used as a numeric threshold for this determination.

Attestation

Physician Name / Credentials: _____
Facility / Practice: _____
NPI (optional): _____
Phone: _____
Signature: _____
Date: _____