



CAPACITY TO CONSENT

Case Information

Victim Name :	Intake Number :	Case Name :	Case ID :

Section I

Yes <input type="checkbox"/>	Oriented to Person:
No <input type="checkbox"/>	Rationale: <input type="text"/>
Yes <input type="checkbox"/>	Oriented to Place:
No <input type="checkbox"/>	Rationale: <input type="text"/>
Yes <input type="checkbox"/>	Oriented to Time:
No <input type="checkbox"/>	Rationale: <input type="text"/>
Yes <input type="checkbox"/>	Able to make decision regarding various facts of life:
No <input type="checkbox"/>	Rationale: <input type="text"/>
Yes <input type="checkbox"/>	Able to comprehend own physical, mental, environmental limitations:
No <input type="checkbox"/>	Rationale: <input type="text"/>
Yes <input type="checkbox"/>	Knowledgeable of resources available to assist in meeting own needs:
No <input type="checkbox"/>	Rationale: <input type="text"/>
Yes <input type="checkbox"/>	Aware of consequences if nothing is done to improve the situation:
No <input type="checkbox"/>	Rationale: <input type="text"/>

Section II

Yes <input type="checkbox"/>	Psychological evaluation:
No <input type="checkbox"/>	Rationale: <input type="text"/>
Yes <input type="checkbox"/>	Adjudicated incompetent:
No <input type="checkbox"/>	Rationale: <input type="text"/>
Yes <input type="checkbox"/>	Physician or RN consulted:
No <input type="checkbox"/>	Rationale: <input type="text"/>

Section III

Overall Capacity and Implications for Victim Safety:

Capacity Determination: <input type="text"/>	Date Capacity Determined: <input type="text"/>
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Comment [r1]: This field will pre-fill with the Victim Name identified on the Capacity Consent page.

Comment [r2]: This field will pre-fill with the Intake Number identified on the Capacity Consent page.

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