

**INFORMED CONSENT A-18**

**Attachment A**

**EVALUATION OF CAPACITY TO PROVIDE INFORMED CONSENT**

**Name:**

**Date:**

Method by which information was presented to the individual

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Name of team members who presented this information:

1. Proposed treatment, program, procedure, action, or service including benefit to individual.

Method by which individual demonstrated understanding of this information; or demonstrates lack of understanding of this information:

2. Possible side effects or risks associated with the proposed treatment, program, procedure, action, or service

Method by which individual demonstrated understanding of this information; or demonstrates lack of understanding of this information:

3. The possible risk of not receiving the proposed treatment, program, procedure, action, or service.

Method by which individual demonstrated understanding of this information; or demonstrate lack of understanding of this information

4. Alternative treatments, programs, procedures, actions, or services.

Method by which individual demonstrated understanding of this information; or demonstrate lack of understanding of this information:

Understanding of the voluntary nature of consent, refusal to consent or modification/withdrawal of consent.

Method by which individual demonstrated understanding of this information; or demonstrate lack of understanding of this information:

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**Name:**

**Date:**

We the undersigned believe based on the above information that the individual **has has not (circle one)** demonstrated an understanding of the treatment, program, procedure, action or service for which the consent is being sought.

A concurrent consent **is is not** recommended. (circle one)

Designated Team Members:

_____	_____
_____	_____
_____	_____