



## 5. Capacity and representation at time of completion

Does the person have sufficient capacity to participate in making the recommendations on this plan?  
**Yes / No**

Do they have a legal proxy (e.g. welfare attorney, person with parental responsibility) who can participate on their behalf in making the recommendations?  
**Yes / No / Unknown**  
 If so, document details in emergency contact section below

## 6. Involvement in making this plan

The clinician(s) signing this plan is/are confirming that (select A,B or C, OR complete section D below):

- A** This person has the mental capacity to participate in making these recommendations. They have been fully involved in making this plan.
- B** This person does not have the mental capacity to participate in making these recommendations. This plan has been made in accordance with capacity law, including, where applicable, in consultation with their legal proxy, or where no proxy, with relevant family members/friends.
- C** This person is less than 18 (UK except Scotland) / 16 (Scotland) years old and (please select 1 or 2, and also 3 as applicable or explain in section D below):
- 1** They have sufficient maturity and understanding to participate in making this plan
- 2** They do not have sufficient maturity and understanding to participate in this plan. Their views, when known, have been taken into account.
- 3** Those holding parental responsibility have been fully involved in discussing and making this plan.
- D** If no other option has been selected, valid reasons must be stated here. Document full explanation in the clinical record.

Record date, names and roles of those involved in decision making, and where records of discussions can be found:

**SPECIMEN COPY - NOT FOR USE**

## 7. Clinicians' signatures

Designation (grade/speciality)	Clinician name	GMC/NMC/ HCPC Number	Signature	Date & time

Senior responsible clinician

## 8. Emergency contacts

Role	Name	Telephone	Other details
Legal proxy/parent			
Family/friend/other			
GP			
Lead Consultant			

## 9. Confirmation of validity (e.g. for change of condition)

Review date	Designation (grade/speciality)	Clinician name	GMC/NMC/ HCPC number	Signature