

Capacity Assessment Report

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This is a form that can be used to record the results of a capacity assessment conducted in accordance with the Enduring Powers of Attorney Act in New Brunswick. It is intended to be used when a grantor's capacity is being assessed to determine whether their attorney(s) may begin to exercise authority.

Name _____

Address _____ City/Prov. _____

Postal Code _____ Tel. _____ Email _____

A. Request for assessment

Name of person who requested assessment _____

Name of grantor (person being assessed) _____

I am authorized to assess the grantor's capacity because (*check one*):

- the grantor's enduring power of attorney designates me as the person to assess the grantor's capacity.
- the grantor's enduring power of attorney does not designate anyone to assess the grantor's capacity, or it designates a person who is unable or unwilling to do so, and I am a medical practitioner or nurse practitioner lawfully entitled to practise in New Brunswick.

Notes:

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Personal care

Complete this section if you were asked to assess the grantor's capacity with respect to personal care.

- The grantor has capacity with respect to all personal care matters.
- The grantor lacks capacity with respect to all personal care matters.
- The grantor lacks capacity with respect to the following personal care matters:
 - health care
 - diet
 - clothing
 - accommodation
 - support services
 - education
 - employment
 - recreation
 - social activities
 - other: _____

Reasons for determination:

C. Reassessment (optional)

- I recommend that the grantor's capacity be reassessed.

Date for reassessment: _____

Signature _____ Date _____