

CAPACITY HEARING DECISION

Patient Name: _____ DOB: _____

Facility: _____ Unit: _____ Treating Physician: _____

Current Legal Status: **5150** **5250** **5260** **5270.15** Admission Date: _____
(circle one)

Capacity Hearing Date: _____ Petition Date: _____

Hearing Officer: _____

Patient Representative: _____ Other/Translator: _____

Attendance: Present Not Present/Reasons: _____

The physician is petitioning to administer the following:

Medication:

Dosage:

The date/circumstances of patient's refusal: _____

The patient's reason for refusal: _____

The patient has been administered the following:

Medication:

Dosage:

Date:

Circumstance:

Medication:	Dosage:	Date:	Circumstance:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FINDINGS

I find that:

1. The physician did did not provide adequate information about the medications to the patient, including information required under Welfare & Institutions Code 5152 (c) and 5213 (b).
2. The physician has has not considered and determined that treatment alternatives are unlikely to meet the needs of the patient.
3. The patient is is not aware of his/her situation, e.g., his/her diagnosis/alleged mental condition.
4. The patient is is not able to understand the risks and benefits of, and alternatives to, the medications; and
5. The patient is is not able to rationally understand and evaluate medication information and participate in treatment decisions.

Additional Findings: _____

DECISION

I conclude that the patient:

- has the capacity* to give informed consent to medication and may not be required to take such medication, absent a legal emergency.
- does not have the capacity* to give informed consent to medication and may be required to accept the following medication(s):

Medication:

Dosage:

This decision shall remain in effect up to the expiration of the:

5150 5250 Both 5150/5250 5260 5270.15 *(circle one)*

The facts relied upon in making this decision and the reasons for this decision are:

HEARING OFFICER'S SIGNATURE:

The patient and the physician/facility have been advised of the right to de novo review in the Superior Court or the Court of Appeal. Welfare and Institutions Code 5334(e)

► Copies to: CHART PATIENT PATIENT REPRESENTATIVE SOCIAL SERVICES SUPERIOR COURT