

**DO NOT STAPLE FORMS**

**SURROGATE DECISION-MAKING COMMITTEE  
PROCEEDING FOR THE REVIEW OF THE NEED FOR  
SURROGATE DECISION-MAKING ON BEHALF OF**

**CERTIFICATION  
ON CAPACITY**

\_\_\_\_\_  
(Patient's Name)

\_\_\_\_\_  
Declaration # (CQCAPD Use Only)

**ALL QUESTIONS MUST BE ANSWERED TO PREVENT A DELAY IN PROCESSING THE CASE**

1. I, \_\_\_\_\_, am a \_\_\_\_\_,  
(Clinician's Name) (Psychiatrist or Psychologist)  
duly licensed to practice in the State of New York and my professional New York State License Number  
is \_\_\_\_\_.

2. My office address and phone number are:

\_\_\_\_\_  
(Street) (City) (State) (Zip)  
Phone: ( ) Fax: ( )

3. On \_\_\_\_\_, I examined/interviewed \_\_\_\_\_.  
(Date) (Patient's Name)  
As a result of this examination/interview, I have diagnosed that he/she has the following mental  
disability:

Diagnosis: \_\_\_\_\_

4. If available, list any recent psychological tests results and/or the patient's IQ/Mental Age.  
**(NOTE: testing is not necessary to complete this form.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT STAPLE FORMS**

- 5. Summarize your clinical evaluation, including the patient's reaction when you explained the proposed major medical treatment(s) and its risks and benefits that validate your opinion regarding the patient's decision-making ability.

---



---



---



---



---

It is my clinical opinion that the patient does not have the capacity to make an informed decision regarding this major medical procedure/treatment.

- 6. The information and statements which I have provided are to the best of my knowledge complete and truthful.

---

Print Name Clearly

---

Signature

---

Date

**If the evaluation has been performed by other than a New York State Licensed Psychiatrist or Psychologist, this form must be CO-SIGNED below.**

- 7. I am a NYS licensed \_\_\_\_\_ . I concur with the above clinical evaluation and certify that it is complete and truthful to the best of my knowledge.  
(Psychiatrist or Psychologist)

---

Print Name Clearly

---

Signature

---

NYS License Number

---

Date