

Aging Care Consultation Services PLLC

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SAMPLE REDACTED SUMMARY OF TESTAMENTARY DECISIONAL CAPACITY EVAL

RE: [Client, DOB] [Date of Summary]
Cognitive testing and assessment of decision making capacity

I am a licensed mental health counselor and geriatric mental health specialist, with recognized expertise in assessing cognitive functioning, decisional capacity, and level of care needs. [Name, agency] referred to me for consultation and assessment of decisional capacity, specifically testamentary capacity. Scheduling was arranged through [referent], and I met with [client] alone at her home on [day, date].

I provided [Client] with my counselor disclosure statement, fee schedule, and privacy practices, and she signed a consent for services, a financial agreement, and an authorization to exchange protected health information, allowing me to coordinate with her primary care provider, [Doctor, clinic]; [attorney], her attorney; [referent]; and [POA], who is named in [Client]'s power of attorney documents.

At my visit, I performed an in-home mental health assessment, including administration of clinically validated cognitive testing and screening tools, as well as an assessment of [Client]'s decision-making capacity, specifically testamentary capacity to sign a will and power of attorney. I met with [Client] from [time], and also reviewed her most recent clinic note listing her medications.

Results of testing and screening tools include the following:

- Montreal Cognitive Assessment (MOCA): 27 out of 30; within the normal range.
- Frontal Assessment Battery: 17 out of 18, within the normal range.
- Beck Depression Inventory: 0, showing no indication of depression.

In terms of cognitive functioning, [Client] had some minor short-term memory problems (took 2 trials to register 5 items, recalled 3 items with no cue, remaining with category cue). However, she had no issues with language fluency, naming, calculation, abstraction, attention, or orientation. In terms of emotional functioning, she showed no signs of emotional distress or lability. She calmly discussed feeling pain around [family's actions] and having some anxiety around wanting her decisions to be respected, but she rationally related how she evaluated the situation and how she considered options and chose what action to take. In terms of behavioral functioning, she did not present with any delusions or hallucinations, she was appropriately dressed and well groomed, and she showed me how she keeps track of her medications with a medi-set.

In terms of other mitigating factors, [Client] related some stress around [situation with family], but again, it seemed she was handling this appropriately. She had eaten breakfast and was comfortable during our mid-morning appointment. She reporting having an episode of dizziness earlier in the week, which was diagnosed as vertigo and caused by ear wax. She is taking medications and vitamins as prescribed by her physician and none of these are likely to affect her cognition. Sensory impacts were minimal: she had some mild hearing loss, but I only had to repeat myself a handful of times during the visit; she was using her glasses for reading; and she was wearing her dentures. There were no educational, cultural, ethnic, or other social barriers to [Client]'s engaging in my assessment.

continued

Based on my observation and interview, and results of cognitive testing with [Client], it is my clinical opinion that she has very mild impairments in cognitive function, which are not impacting her capabilities to manage her personal and financial affairs.

[Client] clearly stated that she had engaged her attorney to protect her from her [family]; to execute a power of attorney appointing [POA] to assist her; and to execute a will that leaves her estate to her [other family]. It is my clinical opinion that at the time of my visit, [Client] clearly understands the circumstances of her situation, that she appropriately used reason and judgment in making her decisions, and that her decisions were made with sound mind and sufficient cognitive function and memory to be valid.

If there are any questions or concerns, I can be reached by phone at 206-999-5934.

[signature]

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signed [date]