



# The Children's Reflexology Programme

[www.kidsreflex.co.uk](http://www.kidsreflex.co.uk)

Dear

The person identified on the attached form has expressed an interest in being supported receive simple reflexology in this setting. In accordance with the Mental Capacity Act an assessment of capacity to consent has identified that they are unable to provide informed consent. Could you please fill in part two of the enclosed form to indicate, to the best of your knowledge, whether you think they should receive simple reflexology.

I have included perceived benefits and risks. Please add any additional aspects you feel are relevant.

Yours sincerely,





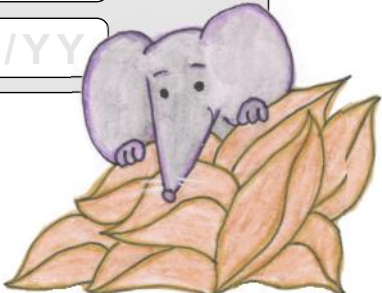
## MENTAL CAPACITY ACT DECISION FORM

Part one, to be filled in by instructor and/or parent/carer

<b>Name</b> <input type="text"/>	<b>Perceived benefits/risks</b> <input type="text"/>
<b>Address</b> <input type="text"/>	
<b>Date of birth</b> <input type="text" value="DD/MM/YY"/>	

**Decision being made: Whether the person identified above should receive simple reflexology in this setting.**

Part two, to be filled in by qualified decision maker(s)

Persons contributing to this decision		
Name	Relationship to individual	Contact details
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Perceived benefits of reflexology</b> <input type="text"/>		<b>Perceived risks of reflexology</b> <input type="text"/>
Decision made: This person should <input type="checkbox"/> should not <input type="checkbox"/> have reflexology.		
<b>Signed</b> <input type="text"/>	<b>Date</b> <input type="text" value="DD/MM/YY"/>	
	<b>Review Date</b> <input type="text" value="DD/MM/YY"/>	