



DEPARTMENT OF HEALTH  
Republic of South Africa

# ANNEXURES

MHCA 01

DEPARTMENT OF HEALTH

## EMERGENCY ADMISSION OR TREATMENT WITHOUT CONSENT

### REPORT TO MENTAL HEALTH REVIEW BOARD

[Section 9(2) of the Act]

Surname of user .....

First name(s) of user .....

Date of birth ..... or estimated age .....

Gender: Male  Female

Occupation ..... Marital status:  S  M  D  W

Residential address: .....

Date of admission of person for emergency care without their consent .....

Time of admission of person for emergency care without their consent .....

Name of health establishment .....

Reason for admission without consent:

Based on my/practitioners at this health establishment's assessment, any delay in providing care, treatment and rehabilitation services / admission may, due to mental illness, result in:

(a) the death or irreversible harm to the user

Reasons for this assessment (including mental health status and behavioural reasons) .....



(b) the user inflicting serious harm to him/herself or others  
Reasons for this assessment (including mental health status and behavioural reasons) .....

(c) the user causing serious damage to or loss of property belonging to him/herself or to others  
Reasons for this assessment (including mental health status and behavioural reasons) .....

I ..... (name of mental health care practitioner)  
hereby declare that I have personally assessed .....  
..... (name of mental health care user) at .....  
.....(name of health establishment) on ..... (date).

*[Handwritten signature]*

Signature

Outcome of assessment within 24 hours -

- (a) An application for involuntary care, treatment and rehabilitation was made  
Date of application ..... Time of application.....
- (b) The user agreed to voluntary care, treatment and rehabilitation.
- (c) The user was discharged.

Print initials and surname.....

Signature: *[Handwritten signature]*  
(health care provider or head of health establishment)

Date: .....