G.P.-S. 004-9835

DEPARTMENT OF HEALTH
Republic of South Africa

MHCA 06

DEPARTMENT OF HEALTH

72-HOUR ASSESSMENT AND FINDINGS OF MEDICAL PRACTITIONER OR MENTAL HEALTH CARE PRACTITIONER AFTER HEAD OF HEALTH ESTABLISHMENT HAS GRANTED APPLICATION FOR INVOLUNTARY CARE, TREATMENT AND REHABILITATION

[Section 34(1) of the Act]

Surname of user Ndlovu

First name(s) of user Bonginkosi

Date of birth 12/05/1989 or estimated age 22 years

Gender: Male [X] Female [ ]

Occupation Unemployed/Scholar Marital status: [S] [M] [D] [W]

Residential address: Unit 17 B
Kwa Mashu
Durban

Date of beginning of 72-hour assessment: 17/02/2011

Place of assessment: Northdale Hospital. PMBurg

Category of designated mental health care practitioner for example "nurse", "psychologist" or "medical practitioner": Medical Practitoner

Physical health status (filled in only by mental health care practitioner qualified to conduct physical examination):

(a) General physical health

Vital signs normal.Systemic examination and special investigations reveal no abnormalities, no physical evidence of substance abuse problems.

(a) Are there signs of injuries? Yes [ ] No [X]

(b) Are there signs of communicable diseases? Yes [ ] No [X]

If the answer to (b) or (c) is Yes, give further particulars:

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.....

Facts concerning the mental condition of the user which were observed on previous occasions (State dates and places):

According to his mother, this is his first episode / he has had a similar episode 1 year ago. Recovered on medication, but stopped treatment. No known medical illnesses or history of substance use.

Mental health status of the user at the time of the present assessment:

He still displays psychotic symptoms and signs with no insight and poor judgement. he remains aggressive, unco-operative and refuses medication.

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Type of illness (provisional diagnosis):

Psychotic disorder, probably schizophreniform disorder or schizophrenia.

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In my opinion the above-mentioned user

Has homicidal tendencies	Yes		No	X
Has suicidal tendencies	Yes		No	X
Is dangerous	Yes	X	No	

"If "No' to all the above-mentioned questions, the following recommendation and reason(s) therefore are as follows:"

<u>Recommendation to head of health establishment – application for assisted care</u>

The user is capable of making an informed decision on the need to receive care, treatment and rehabilitation services: Yes ☐ No ☐

The user is suffering from a mental illness / severe or profound intellectual disability, and as a consequence of this requires care, treatment and rehabilitation for their own health and

safety or the health and safety of others Yes ☐ No ☐

If Yes, this should be on an inpatient or outpatient basis: Inpatient ☐ Outpatient ☐

Give reasons:

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.....

Recommendation to head of health establishment – application for involuntary care

The user is capable of making an informed decision on the need to receive care, treatment and rehabilitation services: Yes ☐ No X

The user is willing to receive care, treatment and rehabilitation services Yes ☐ No X

In my view, the user is likely to inflict serious harm on him / herself or others Yes X No ☐

In my view, care, treatment and rehabilitation is necessary for the user's financial interests and reputation Yes X No ☐

The user should receive involuntary care, treatment and rehabilitation Yes X No ☐

If Yes, should this use receive involuntary outpatient care, treatment and rehabilitation Yes ☐ No X

If No, would you recommend that the user receive assisted care? Yes ☐ No X

Print initials and surname Dr. K S Vawda; Sr. R Ngidi

Signature: .....

(mental health care practitioner / medical practitioner)

Date: 20/02/2011

Place: Northdale Hospital, PMBurg