



MHCA 08

DEPARTMENT OF HEALTH

NOTICE BY HEAD OF HEALTH ESTABLISHMENT TO REVIEW BOARD REQUESTING APPROVAL FOR FURTHER INVOLUNTARY CARE, TREATMENT AND REHABILITATION ON AN INPATIENT BASIS [Section 34(3)(c)(ii) of the Act]

I hereby request (name of head of health establishment)

approval from the Review Board for further involuntary care, treatment and rehabilitation on an inpatient basis of

Ward:..... (name of user) File No.:.....

The findings of the mental health care practitioner and medical practitioner are that the user requires further involuntary care, treatment and rehabilitation.

I am satisfied / not satisfied that the restrictions and intrusions on the mental health care user's right to movement, privacy and dignity are proportionate to the care, treatment and rehabilitative services contemplated.

Attached hereto please find -

(a) a copy of the application to obtain involuntary care, treatment and rehabilitation [MHCA 04]; Date:.....

(b) a copy of the notice given in terms of section 33(8) [MHCA 07]; and Date:.....

(c) a copy of the assessment findings [MHCA 06]. Date:.....

The basis of this request for further involuntary care, treatment and rehabilitation on an inpatient basis is

Working diagnosis:

Signature: [Signature] (head of health establishment)

Ward Dr:.....

Date:

Place:

MP No.:.....

“(Copy (excluding attachments) to applicant)”