	(c)	theUser 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)
		that I have personally assessed
	•	ne of mental health care user) at
		. (name of health establishment) on(date).
Design	ation:	ers:
Signatu		
Outcor	ne of a	ssessment within 24 hours-
(a) made—		olication for involuntary or assisted care, treatment and rehabilitation was
		ation Time of application
` '		er agreed to voluntary care, treatment and rehabilitation.
(c)	Patient	discharged as a mental health care user.
Print in	itials ar	nd surname
Signatu		······································
(Health	care pi	rovider $\square$ or Head of health establishment $\square$ )
Date:	••••••••••••	

(Submit to relevant Review Board)

FORM MHCA 02

## DEPARTMENT OF HEALTH

## REPORT ON EXPLOITATION, PHYSICAL OR OTHER ABUSE, NEGLECT OR DEGRADING TREATMENT OF A MENTAL HEALTH CARE USER [Section 11(2) of the Act]

(All the information contained in this Form will be held strictly confidential).
[
(name/s)
(address)
hereby declare that I have witnessed exploitation, physical or other abuse neglect or degrading treatment of the following mental health care user:
hereby declare that I have been through exploitation, physical or other abuse neglect or degrading treatment
A. Details of User (where known) First Name and SurnameofUser
Gender: Male Female
Occupation
B. Name of health establishment or other place where the alleged incident occurre
Address:
C. Date of incident
D. Brief description of the User: E. Description of the alleged incident:

## STAATSKOERANT, 23 DESEMBER 2016

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*******	
*************	
Print initia	als and surname
	umber:
	under oath:
~	erson who witnessed alleged incident)
Date	
OATEI/A	FFIRMATION
OATII/A.	FFIRMATION
Lagntification	
I certify th	lat.
_	
i.	The deponent acknowledged to me that:
	a. He/she knows and understands the contents of this declaration;
	b. He/she has no objection to taking the prescribed oath;
	c. He/she considers the prescribed oath to be binding on his/her conscience;
::	· ·
ii.	The deponent signed this declaration in my presence at on
	this day of 20
Signature:	Commissioner of Oath: Ex-Officio
ū	
Kank / De	signation:
	G
	to be submitted to the relevant Mental Health Review Board]

FORM MHCA 03