

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

Designation:.....  
 Contact Numbers: .....

.....  
 Signature:

**Outcome of assessment within 24 hours-**

- (a) An application for involuntary or assisted care, treatment and rehabilitation was made—  
 Date of application ..... Time of application.....  
 (b) The User agreed to voluntary care, treatment and rehabilitation.  
 (c) Patient discharged as a mental health care user .

Print initials and surname.....

.....  
 Signature:

(Health care provider  or Head of health establishment )

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).

I.....  
(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 Surname of User.....

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

Gender: Male  Female

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

Residential address: .....  
.....  
.....  
.....

**B. Name of health establishment or other place where the alleged incident occurred**

.....  
Address: .....  
.....  
.....  
.....

**C. Date of incident .....**

**D. Brief description of the User:**

**E. Description of the alleged incident:**

.....

