



DEPARTMENT OF HEALTH
Republic of South Africa

MHCA 04

DEPARTMENT OF HEALTH

APPLICATION FOR ASSISTED- OR INVOLUNTARY CARE, TREATMENT AND REHABILITATION

[Section 27(1) or 33(1) of the Act]

I hereby apply for assisted care or involuntary care for:

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:
.....
.....
.....
.....

Surname of applicant

First name(s) of applicant

Date of birth of applicant (must be over 18 years of age)

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

Relationship between applicant and mental health care user: (mark with a cross)

Spouse Next of kin Partner Associate
Guardian Health care provider Parent

(If user is under 18 this application must be made by the parent or guardian)

I last saw the user on at
(date) (time) (place)

(The applicant must have seen the user within seven days of making this application)

Where the applicant is the health care provider:

If the spouse, next of kin, partner, associate, parent or guardian is unwilling to make the application, state the reasons why:

.....
.....
.....
.....

If the spouse, next of kin, partner, associate, parent or guardian is incapable or not available to make the application, state the steps that have been taken to locate them:

.....
.....
.....
.....
.....

I, the undersigned, am of the opinion that the above-mentioned person is suffering from a mental illness / intellectual disability for the following reasons:

.....
.....
.....
.....

and believe that assisted- or involuntary care, treatment and rehabilitation is needed because

.....
.....
.....
.....

In the case of an application for involuntary care:

I further give reasons which show that the person is so ill that he / she will not accept treatment as a voluntary mental health care user or cannot be admitted as an assisted mental health care user

.....
.....
.....
.....
.....

I also attach the following information in support of my application (if available)

- Medical certificates
 - History of past mental illness / intellectual disability
 - Other:
-

Print initials and surname.....

Signature:

(Applicant)

Date:

Place:

Note: Applicant must sign under oath