FORM MHCA 11

DEPARTMENT OF HEALTH

TRANSFER OF ASSISTED / INVOLUNTARY MENTAL HEALTH CARE USER ON INPATIENT BASIS TO ANOTHER HEALTH ESTABLISHMENT
[Section 27(10) and 34(4), of the Act]

........................................................................................................
(name and surname of mental health care user)

an assisted □ or

Involuntary mental health care user □
on an inpatient basis who was admitted to ................... ...............
... ........................................................................................................ (name of health establishment)
on ............................................................................................. (date) must be
transferred to ............................................................................. (name of health establishment)
Print initials and surname ........................................................................................................
(head of health establishment)

Signature: .......................................................... .
(Head of health establishment)
Date: .................................................................
Place: ............................................................... .

[Copy to Review Board]