

**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]**