G.P.-S. 004-9384

DEPARTMENT OF HEALTH
Republic of South Africa

MHCA 05

DEPARTMENT OF HEALTH

EXAMINATION AND FINDINGS OF MENTAL HEALTH CARE PRACTITIONER FOLLOWING AN APPLICATION FOR ~~ASSISTED- OR~~ INVOLUNTARY CARE, TREATMENT AND REHABILITATION

[Sections 27(5) and 33(5) of the Act]

Surname of user Ndlovu

First name(s) of user Bonginkosi

Date of birth 12/05/1989 or estimated age 22 years

Gender: Male [X] Female [ ]

Occupation Unemployed/Scholar Marital status: [S] [M] [D] [W]

Residential address: Unit 17 B
Kwa Mashu
Durban

Date of examination: 17/02/2011 Place of examination: Northdale Hospital

Category of designated mental health care practitioner: Professional Nurse

Physical health status (filled in only by mental health care practitioner qualified to conduct physical examination):

(a) General physical health

N/A

(a)	Are there signs of injuries?	Yes [ ]	No	[X]
(b)	Are there signs of communicable diseases?	Yes [ ]	No	[X]

If the answer to (b) or (c) is Yes, give further particulars:

N/A

Information on user received from other person(s) or family (state names and contact details)

According to his mother Ruth Ndlovu, phone no. 0763842174, he has been restless at night, talks to himself and has been aggressive for the past week. He does not take alcohol and is not known to use cannabis.

Facts concerning the mental condition of the user which were observed on previous occasions (State dates and places):

This is his first episode of a behavioural disturbance./ He has had an episode 1 year ago, was put on medication, recovered well, but stopped taking medication

Mental health status of the user at the time of the present examination:

Uncooperative, aggressive, objectively hallucinating, unpredictable, incoherent, no insight, poor judgement, refusing treatment and admission to hospital.

Type of illness (provisional diagnosis):

Psychotic disorder NOS

In my opinion the above-mentioned user

Has homicidal tendencies	Yes		No	X
Has suicidal tendencies	Yes		No	X
Is dangerous	Yes	X	No	

Recommendation to head of health establishment – application for assisted care

The user is capable of making an informed decision on the need to receive care, treatment and rehabilitation services: Yes ☐ No ☐

The user is suffering from a mental illness / severe or profound intellectual disability, and as a consequence of this requires care, treatment and rehabilitation for their own health and safety or the health and safety of others N/A Yes ☐ No ☐

If Yes, this should be on an inpatient or outpatient basis: Inpatient ☐ Outpatient ☐

Give reasons:

N/A

Recommendation to head of health establishment – application for involuntary care

The user is capable of making an informed decision on the need to receive care, treatment and rehabilitation services: Yes [ ] No [X]

The user is willing to receive care, treatment and rehabilitation services Yes [ ] No [X]

In my view, the user is likely to inflict serious harm on him / herself or others Yes [X] No [ ]

In my view, care, treatment and rehabilitation is necessary for the user's financial interests and reputation Yes [X] No [ ]

The user should receive involuntary care, treatment and rehabilitation Yes [X] No [ ]

If No, would you recommend that the user receive assisted care? Yes [ ] No [X]

I Sr. R Ngidi (name of mental health care practitioner) hereby declare that I have personally assessed Bonginkosi Ndlovu (name of mental health care user) at Northdale Hospital, PMBurg (name of health establishment) on 17/02/2011 (date).

R Ngidi

Signature

Date: 17/02/2011

Place: Northdale Hospital, PMBurg