

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]