

SUPPLEMENT TO
THE
SWAZILAND GOVERNMENT
GAZETTE

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MBABANE, Friday, September 8th., 1978

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PUBLISHED BY AUTHORITY.

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LEGAL NOTICE NO. 67 OF 1978

THE MENTAL HEALTH ORDER, 1978

(No. 20 of 1978)

PRESCRIBED FORMS AND CERTIFICATES

(Under section 22)

(Commencement: 8th September, 1978)

In exercise of the powers conferred on him by the abovenamed Order, the Honourable the Minister for Health is pleased to prescribe the annexed forms and certificates to be used as required in terms of the Order.

M. N. DLAMINI

Permanent Secretary.

MBABANE

20th September, 1978.

MENTAL HEALTH ORDER, 1978

Form I

APPLICATION FOR ADMISSION AS A VOLUNTARY PATIENT

Under Sec. 4 (2) and (3)

To:

The Superintendent Hospital

I Occupation

of Chief Induna

Address:

Hereby apply for the admission and treatment of:

*myself, being over the age of 18 years

or of

being a minor under the age of 18 years

or of

who is my (state relationship)

I also agree that at least seven days notice of intention to leave the hospital must be given to the superintendent.

.....
Signature of Witness.....
*Signature (or thumb print)
of Applicant.*

Place:

Date:

*Delete whichever is inapplicable.

MENTAL HEALTH ORDER 1978
APPLICATION FOR PATIENT'S ADMISSION

(Under Section 6(1))

To:

The Medical Superintendent,

..... Hospital

(a) Particulars of applicant:

Name: Age:

Occupation:

Address:

(b) Particulars of person for whom admission is sought—(hereafter called the patient):

Name: Age:

Occupation: Sex:

of Chief Induna

Address:

(c) Name and address of relative or other person who will be responsible for the patient on his/her discharge:

Name: Relationship:

Chief: Induna:

Address:

(d) I declare I am the person described in (a) and I hereby make an application for admission of the patient described in (b).

(e) I believe that the patient is mentally disordered or defective and my reasons for so believing are as follows:

(f) State relationship to the patient: He/She is my

(g) I am not related to the patient and I have made the application because

(h) I personally saw the patient on the day of 19
 Within seven days immediately preceding the date of the signing of this application.)

Date

Signature of applicant.

Notes:

This form is to be completed in triplicate and is to accompany the patient

Names and addresses to be printed in BLOCK CAPITALS.

MENTAL HEALTH ORDER NO. 20 OF 1978

MEDICAL CERTIFICATE

(Under Section 6 (3))

(a) I residing at
 being a registered Medical
 Practitioner hereby certify that on the day of 197...
 at

I personally examined

 (hereinafter called the patient) of

Chief:

Induna:

whose address is

(b) As a result of the examination I am of the opinion that the patient is mentally
 disordered.

(c) The following facts indicative of mental disorder or defect have been observed by
 me at the time of the examination above:—

(d) The following facts indicative of mental disorder have been communicated to
 me:

(Set our communications by other persons, with names and addresses of these persons).

(e) The following treatment has been given the patient in respect of his/her mental
 condition:

(f) The bodily health and condition of the patient is as follows:

(g) Is any communicable disease or any injury present: YES NO? If yes, what:

(h) In my opinion the patient is approximately years of age.

I hereby certify that I am a registered Medical Practitioner.

.....
Signature and qualification of
Medical Practitioner.

Dated at this day of 19.....

Notes:

This Certificate is to be completed in triplicate, names and addresses printed in Block
 Capitals.

N.B. This medical certificate may not be signed by the person applying for the
 admission of the patient.

MENTAL HEALTH ORDER, 1978

MEDICAL REPORT

Under Section 6. (5).

To: The Director of Medical Services

Patient:

Date admitted:

I examined this patient on *

His/her mental condition since admission has

(a) improved

(b) deteriorated

(c) remained unaltered**

Present Condition:

Place:

Date:

.....
*Medical Superintendent.**Notes:*

*Insert date (not less than two nor more than ten days after date of reception order.)

**Delete as necessary.

MENTAL HEALTH ORDER, 1978

NOTICE OF ADMISSION

Under Section 6(6)

To:

The District Commissioner District

The following patient has been admitted.

Name:

Date of admission:

Name of nearest relative:

Chief :

Address:

.....
Date.....
Medical Superintendent......
Hospital.

MENTAL HEALTH ORDER 1978
NOTIFICATION OF DISCHARGE OR DEATH

Under Sec. 6. (8) or Sec. 7 (10)

NAME OF PATIENT:

HOSPITAL NUMBER:

DATE OF ADMISSION:

The above named patient has been *discharged (permanently/on leave*
on(date)or

*The above named patient died on (date)

Date:
Medical Superintendent

To:

- (1) Director of Medical Services
- (2) District Commissioner District.
- (3) Registrar, High Court.

(Detention Order No: MP/A/ / .)

*Delete as necessary.

MENTAL HEALTH ORDER, 1978

MEDICAL REPORT

Under Sec. 6(9) or Sec. 7 (6) and (8)

To: The Registrar, High Court of Swaziland.

I examined on

His/her mental condition during the period of his/her detention since the issue of the Reception Order has

- (a) improved
- (b) deteriorated
- (c) remained unaltered**

Present Condition:

In my opinion he/she should be

- (a) discharged
- (b) detained until
- (c) detained for an indefinite period.**

Dated at this day of 19

Medical Practitioner.

Notes:

*Insert date (not less than two or more than ten days of reception order.)

**Delete as necessary.

This Medical Certificate is to be completed in triplicate, name and address
PRINTED IN BLOCK CAPITALS.

Copy to the Director of Medical Services.

MENTAL HEALTH ORDER 1978
NOTIFICATION OF ABSCONDING

Under Sec. 6 (13) and Sec. 7 (11)

To: (1) The Director of Medical Services

(2) The Station Commander,
Royal Swaziland Police

..... Police Station

(3) The Registrar, High Court

(If patient was detained under a Judge's Order.)

Name of patient:

Hospital Number:

Detention Order No: MP/A/ / / (if applicable)

Date of Admission:

The above named patient absconded from this hospital on

Date:

.....
Medical Superintendent/Officer.

..... Hospital

MENTAL HEALTH ORDER NO. 20 OF 1978
REPORT ON MENTAL AND PHYSICAL CONDITION

(Under Section 7. (4))

Name of patient: Hospital No:

Age: Sex: Date of admission

(a) Present state of physical condition:

Height Weight Gain/Loss (during year)

(b) List of diseases or injuries suffered since last report (if any);

(c) Comments on mental condition:

(d) General remarks or observations (if any):

Date:

*Officer in Charge/Medical
Superintendent.*

Notes:

This report is to be submitted annually for the first three years to the Director of Medical Services, Ministry of Health, and thereafter in the sixth year and then every three years.

A report shall be submitted in the month corresponding to that in which the patient was admitted.