

ECT REPORT

NAME:		
Age:	DOB:	Sex: F/M
Ward/OP:		
Consultant:		

<i>Name and address of hospital (E&W)</i>

DIAGNOSIS (ICD10): F

INDICATION(S) FOR ECT: (tick)
<input type="checkbox"/> Emergency life saving procedure <input type="checkbox"/> Too distressed to await response to medication with <input type="checkbox"/> Medication resistance (specify) <input type="checkbox"/> First line choice (record reason) <input type="checkbox"/> Other (specify)

RECORD (tick box) at outset completion
1. Legal status:
Informal
Section 4/5
Section 2
Section 3 € €
Other (specify)
2. Consent:*
given informed
Form 38
Form 39
Emergency (Sect 62)
Emergency (inf pt)
(*see consent page and check the reference chart for the documentation that must accompany all patients detained under the MHAct)

MEDICAL HISTORY:
Arthritis: Allergies: Smoker/non-smoker.

PHYSICAL EXAMINATION:
CVS: RS: AS: CNS: Dental state: FBC: Biochem:

MEDICATION at start of course

MEDICATION CHANGES (date)