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National Audit of ECT in Scotland – Entry Form

Patient Audit No……. (please leave Blank)

Patient Postcode……. (first four indices only)

Consultant…….. Hospital……

Date of Birth……. Sex…… Inpatient Out patient Day patient

Ethnic Group:	White	Black Caribbean	Black African	Black Other	
	Indian	Pakistani	Bangladeshi	Chinese	Other

Status Informal S24/25 26

S18 (or equivalent)- please state……

Consent Informed Form 9 Form 10 – Refused

Form 10 – Incapable

*Emergency Other Specify……..

(* Tick only if special procedures in Royal College Guidelines have been followed)

Diagnosis

ICD 10 Code(s)

F ☐☐ ------- ☐☐

F ☐☐ ------- ☐☐

F ☐☐ ------- ☐☐

Indication for ECT

1. Emergency Life saving
2. Too distressed to await response to medication
3. Severe retardation/agitation
4. Suicidal ideation
5. Psychotic ideation
6. Medication resistance
   - Anti depressant(s)
   - Antipsychotic
   - Lithium/Carbamazepine
   - Other specify……..
7. Patient preference
8. Previous good response
9. Other specify…….

ECT Course Date of first ECT ☐☐☐☐☐☐

Frequency Prescribed: weekly twice weekly thrice weekly other specify……