

# 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

<b>Ethnic Group:</b>	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	<input type="text"/>	<input type="text"/>	-----	<input type="text"/>	<input type="text"/>
	F	<input type="text"/>	<input type="text"/>	-----	<input type="text"/>	<input type="text"/>
	F	<input type="text"/>	<input type="text"/>	-----	<input type="text"/>	<input type="text"/>

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

**ECT Course** Date of first ECT

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