1-6 ECTs

National Audit of ECT in Scotland – Review/ Exit Form

Dear Colleagu	ıe			
Thank you for entering your patient in the Scottish National Audit of ECT. This form should be completed after six treatments or at the end of the ECT course if earlier and returned to the ECT suite.				
	nber that if the course is lor completed at the end of th	•	nents a further e	xit form will be supplied to you which
Thank you for	your co-operation			
Yours sincere	ly			
Patient Audit I	No			
Patient Postco	ode			
Consultant				
Status	Informal	S24/25	26	
	S18 (or equivale	ent)- please state		
Consent Int	formed	Form 9		Form 10 – Refused
				Form 10 – Incapable
	Emergency (Tick only if special procedur		•	followed)
ECT Course	Date of last ECT			
	Total number of ECTs:	No. Bilateral		
		No. Unilateral		
	Completed as planned:	Yes		
		Course ongoing		
		No		
		Specify reason		

NB: If the patient is due to have more than 6 ECT treatments – please return the form to the ECT suite and collect a further EXIT FORM to be filled in and returned on course completion