

URN: \_\_\_\_\_

Family name: \_\_\_\_\_

Given names: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

**ELECTROCONVULSIVE THERAPY  
CONSENT AND PRESCRIPTION**

Chapter 9 of the *Mental Health Act 2015*

This form must be completed by the Chief Psychiatrist or Consultant Psychiatrist who is responsible for the prescription of Electroconvulsive Therapy for a person under the *Mental Health Act 2015*.

Residential Address: \_\_\_\_\_

Treating Psychiatrist: \_\_\_\_\_ Treating Registrar: \_\_\_\_\_

Region: \_\_\_\_\_

**Adult with decision-making capacity (s. 148)**

I \_\_\_\_\_ consent to undergo electroconvulsive therapy (ECT) up to a  
*(name of person to receive ECT)*  
maximum of \_\_\_\_\_ treatments. The nature, purpose and side effects of this treatment have been explained to me by Dr. \_\_\_\_\_.  
*(name of Doctor explaining treatment)*

I have been given information on the therapy and I understand that I can withdraw my consent at any time, either orally or in writing.

I do/do not consent to medical/nursing/allied health students (circle those relevant) being present during the procedure

**Risks and complications of this treatment:**

Modern ECT and general anaesthetic treatment is usually completed in a short period of time and serious complications are uncommon. Risks and complications of this treatment may include but are not limited to the following:

**Common Risks and complications include:**

- Immediately after ECT - a period of confusion and lack of memory for the treatment.
- Short term memory may be affected and existing memory problems, caused by your illness, may get worse.
- Memories from your past are less likely to be affected than more recent memories. Although specific memories may not return, overall memory will usually get better in the weeks to months after treatment.
- Anaesthetic side effects, such as headaches, nausea and vomiting. If these occur, tell the nurse looking after you, they will be able to give you some medication to help.
- Muscle soreness due to either the muscle relaxants or the muscle activity cause by the seizure.
- A temporary rise in blood pressure and heart rate followed by a slowing of the heart rate; you will be carefully monitored after the ECT.

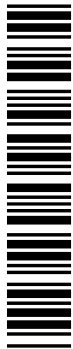
**Uncommon Risks and complications include:**

- Medical complications such as irregular heart rate and rhythm.
- Your illness may come back once the course is finished; further treatment, such as medication, maintenance ECT or psychotherapy, may be required.

Note: The *Mental Health Act 2015* s. 148(2)(c) requires that a written consent must be for 1-9 treatments only. Should a patient require additional treatment then a new form of written consent is required.

\_\_\_\_\_  
Patient's Signature Print name Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Witness Signature (NB: not a treating doctor) Print name Date \_\_\_\_/\_\_\_\_/\_\_\_\_



DO NOT WRITE IN THIS BINDING MARGIN



**ACT Health**

Complete details or affix label

URN: \_\_\_\_\_

Family name: \_\_\_\_\_

Given names: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

**ELECTROCONVULSIVE THERAPY CONSENT AND PRESCRIPTION**

**THIS ECT TREATMENT TABLE MUST BE USED TO RECORD EACH INDIVIDUAL EPISODE OF TREATMENT**

Treatment Number	Date	Voltage	Pulse Width	Duration & Characteristics of seizure	Medications	Comments & Recommendations	Consultant Psychiatrist(s)

**NOTE: Further consent must be obtained if a longer course of ECT is required, i.e. more than 9 sessions**