



MHA24

Mental Health Act 1986

Sections 53B & 72

Mental Health Statewide Patient Number

Number input boxes for patient number

Local Hospital Patient Number:

Number input boxes for hospital patient number

Family Name:

Given Names:

Date of Birth: Sex:

Alias:

INFORMED CONSENT TO ELECTROCONVULSIVE THERAPY

Notes to completing this form

Only a registered medical practitioner who is a qualified psychiatrist may prescribe ECT.

The patient must be given:

- sufficient information about their illness and ECT to enable the person to make a balanced judgement whether to consent to the ECT or not. The information must be up to date and presented in a manner that the person can readily understand, including the use of an interpreter if necessary.
• the opportunity to ask any questions about their illness and ECT and to raise any other concerns and to have those questions and concerns answered.
• the patients' rights booklet Electroconvulsive Therapy and had the information explained.
• a copy of this Informed Consent to Electroconvulsive Therapy.

If more than 7 days elapses between any two treatments in a course, the course is deemed to be finished. Further treatment will need a new consent.

Witness Statement

The witness must be over the age of 18 years. The doctor obtaining consent cannot be the witness to the signing of this form.

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of patient

a patient of: *approved mental health service/licensed premises

(1) Dr GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of psychiatrist recommending ECT

of: business address of psychiatrist

has explained that I have the following condition:

principal diagnosis to be treated by ECT

- (2) The doctor has recommended electroconvulsive therapy (ECT) to be an appropriate treatment for this condition.
(3) The doctor has explained ECT and why it is an appropriate treatment for my condition. The explanation has included information about the expected benefits of ECT and the likely consequences if I do not have the ECT.
(4) I understand that I will have a general anaesthetic administered before being given ECT.
(5) The doctor has explained the likely discomforts and risks associated with ECT, including the risks associated with a general anaesthetic.
(6) The doctor has told me about any beneficial alternative treatments.
(7) I have been able to ask questions about ECT and my condition and I have understood the answers.
(8) I have been given and had explained to me the patients' rights booklet Electroconvulsive Therapy.
(9) I understand that I have the right to obtain legal and medical advice (including a second psychiatric opinion) and to be represented before giving consent.
(10) I understand that I am free to refuse ECT or to withdraw my consent and have the ECT stopped at any time.
(11) I have been told whether the person suggesting ECT or the doctor who will perform the ECT has any financial relationship with the service, hospital or clinic where the ECT will be given.

I am the abovenamed patient. I consent to being treated with ECT. I consent to the administration of a general anaesthetic to enable the ECT to be performed. This consent is valid for:

a single treatment to be performed on the day of 20

OR

a course of (not more than 6) treatments.

(please cross one option only)

The course of treatments is to commence on the day of 20

The course of treatments is to be completed on the day of 20

Signed: Date:

I certify that the abovenamed patient appeared capable of consenting to ECT and to a general anaesthetic and signed this consent freely and voluntarily in my presence.

GIVEN NAME/S FAMILY NAME (BLOCK LETTERS) of witness

Signed: Date:

I am the abovenamed doctor. I am of the opinion that the patient has understood the above information and can give informed consent to the proposed course of ECT and to a general anaesthetic. I am of the opinion that ECT is an appropriate treatment for this patient.

Signed: Date:

* delete as necessary

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