

**Mental Health and Wellbeing Act 2022
Sections 99, 109 and 114**

MHWA 132

**Application for electroconvulsive
treatment (ECT)**

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Mental Health Statewide UR Number

Local Patient Identifier																			
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FAMILY NAME

GIVEN NAMES

DATE OF BIRTH	SEX	GENDER
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Place patient identification label above

Instructions to complete this form

- This form is used to apply to the Mental Health Tribunal for approval to perform a course of electroconvulsive treatment (ECT) on an adult who is a compulsory patient (Part A) or a person under 18 years old (Part B).
- Complete Parts A and C for a person who is a compulsory, security or forensic patient and is aged 18 years or older.
- Complete Parts B and C for a person who is under 18 years of age.
- This form must be completed by:
 - an Authorised Psychiatrist or delegate for a person receiving treatment from a Designated Mental Health Service; or
 - a psychiatrist in the case of a person receiving treatment at a private mental health service.
- There is a separate form to make an application for an adult who is receiving voluntary treatment (see notes).
- Please cross all relevant check boxes in each part.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS) of patient

a patient of:

name of Designated Mental Health Service or other mental health service

Diagnosis:

IDC-10-AM code:

specify person's diagnosis for which ECT is being proposed

To the Mental Health Tribunal

Part A: Complete for a patient aged 18 years or older

1. The above-named person is
a compulsory patient a security patient a forensic patient
2. I am satisfied that the patient **does not** have capacity to give informed consent to the ECT; and
3. I am satisfied that there is no **less restrictive way** for the patient to be treated.

Part B: Complete for person under 18 years of age

1. The abovenamed person is:
a compulsory patient a security patient a forensic patient
2. I am satisfied that the young patient:
has **given informed consent** in writing to the performance of a course of ECT on himself or herself; or
does not have capacity to give informed consent and there is no **less restrictive way** for the young patient to be treated.

OR

1. The abovenamed person is receiving treatment on a voluntary basis at:
a Designated Mental Health Service; or
a private mental health service.
2. I am satisfied that the young person:
has **given informed consent** in writing to the performance of a course of ECT; or
does not have capacity to give informed consent, but the young person's Medical Treatment Decision Maker has given informed consent in writing and there is no **less restrictive way** for the person to be treated.

Part C: Details of proposed course of ECT

1. I apply to the Mental Health Tribunal to perform a course of ECT on the person.
2. The proposed number of treatments in the course of ECT is: treatments.
(maximum number is 12 treatments)
3. The proposed duration of the course of ECT is: weeks.
(maximum duration is 6 months)
4. The course of ECT is:
not urgent urgent. You may only request an urgent hearing if the course of ECT is necessary as a matter of urgency to:
save the life of the person; or
prevent serious damage to the health of the person; or
prevent the person from suffering or continuing to suffer significant pain or distress
5. I request the application be heard within: business days. (select between 1-5 business days. The number selected must reflect the urgency of the application.)

Part D: Principles

6. I have given proper consideration to the decision-making principles for treatment and interventions.

Signature:

Date:

signature of Authorised Psychiatrist or delegate / psychiatrist

Given Names:

Family Name:

Business Address:

Telephone:



MHWA132

ROLLS AUSTRALIA 1300 600 192

**JULY
2023**

Application for electroconvulsive treatment (ECT)

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