

**Mental Health and Wellbeing Act 2022
Sections 104(1)(c)(ii) and 114(1)(b)**

**MHWA 131A
Informed consent to
electroconvulsive treatment (ECT)
by Medical Treatment Decision Maker**

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Mental Health Statewide UR Number

Local Patient Identifier									
FAMILY NAME									
GIVEN NAMES									
DATE OF BIRTH	SEX	GENDER							
Place patient identification label above									

Instructions to complete this form

- Electroconvulsive treatment (ECT) is a medical procedure of applying electric current to specific areas of a person's head that induces a seizure in the brain, under general anaesthetic and a muscle relaxant, to reduce some symptoms of Mental Illness.
- This form may be used to obtain informed consent from a person's medical treatment decision maker (see notes 1 and 2 over page) to the performance of ECT on the person at a designated mental health service or private mental health service.
- This form can only be used to consent to ECT for a person who is receiving voluntary treatment and who does not have capacity to give consent themselves. If the person is an adult and has an instructional directive giving consent to ECT, this form is not required.

GIVEN NAMES	FAMILY NAME (BLOCK LETTERS) of person
treated at:	Designated Mental Health Service or Private Mental Health Service
Diagnosis	ICD-10 code:
specify person's diagnosis for which ECT is being proposed	
The above mentioned person is under 18 years of age <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part A: Type of medical treatment decision maker

- I am a person formally appointed under the Medical Treatment Planning and Decisions Act 2016; or
- I am a guardian appointed by VCAT under the Guardianship and Administration Act 2019; or
- I am the first available of the persons listed in section 55(3) of the Medical Treatment Planning and Decisions Act 2016; or
- The person is under 18 years old and I am their parent, guardian or otherwise have parental responsibility for them.

Part B: Details of proposed course of ECT

The number of treatments in the course of ECT is:	<input type="text"/>	treatments (maximum number is 12 treatments)
The duration of the course of ECT is:	<input type="text"/>	weeks (maximum duration is 6 months)

Part C: Details of registered medical practitioner obtaining informed consent

Signature:	Date:
signature of registered medical practitioner obtaining consent	<input type="text"/>
Given Names:	Family Name:

Part D: Statement by medical treatment decision maker

Please read the information carefully and tick each box to show you understand and agree:

- I am the person's medical treatment decision maker able to make this medical treatment decision.
- The doctor has explained the diagnosis for which ECT is proposed.
- The doctor has explained ECT, how it is done and how it may benefit the person's condition.
- I understand that ECT is given under a general anaesthetic and with a muscle relaxant. The doctor has explained their purpose and how they are given.
- The doctor has explained the advantages, disadvantages, risks and common or expected side effects of ECT, the general anaesthetic and the muscle relaxant.
- The doctor has explained other treatment options for the person's condition, including the advantages and disadvantages of each option.
- The doctor has explained the advantages and disadvantages of the person not having ECT
- I have been given the statement of rights about ECT and the information has been explained to me.
- I have had an opportunity to ask questions about ECT and other treatment options and my questions have been answered.
- I understand the information I have been given and have had enough time to make my decision.
- I have had a reasonable opportunity to get other advice or help to make the decision.
- My consent has been given freely without undue pressure or coercion by any other person.
- I understand that the results of ECT cannot be guaranteed. If changes to the person's ECT treatment are needed that affect the consent I am giving, these will be discussed with me and a doctor will seek my informed consent to the changes.
- I understand that I can withdraw my consent to ECT at any time, even after the course of ECT has started.
- I consent to my details being provided to the Mental Health Tribunal for the purpose of a hearing to determine an ECT application.

I am the abovenamed person's medical treatment decision maker and I consent to the abovenamed person having the specified course of electroconvulsive treatment (ECT), the general anaesthetic and the muscle relaxant.

Signature:	Date:
signature of person giving informed consent	<input type="text"/>
Given Names:	Family Name:



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ROLLS AUSTRALIA 1300 600 192

JULY 2023