

STATEMENT BY PRESCRIBING PSYCHIATRIST OR NOMINATED PSYCHIATRIST

EITHER: A course of Unilateral Electro Convulsive Therapy up to a maximum of sessions

OR: A Course of Bilateral Electro Convulsive Therapy up to a maximum of sessions

- I have handed out:***
- ECT Information Leaflet
 - Step by step guide to Basildon ECT Suite
 - Supervising Adult Leaflet
 - Inpatient/Outpatient guide to ECT
 - Any other

I have explained:

- Nature of treatment
- Description of the process
- The Procedure will involve both (*please tick below*)
 - General Anaesthesia
 - Muscle Relaxation

I have also explained:

- The likely benefits
- Likelihood of success

I have pointed out:

- The risks of adverse effects
- Likelihood of adverse effects (*including dental damage*)
- Possibility of memory loss (*occasionally permanent*)
- Transient side effects (*post-treatment confusion*)

I have discussed:

- The likely consequences of not having ECT
- Treatment alternatives
- Alternative treatments will be available if patient decides not have ECT

I have asked the Service User:

- If there are any further questions about any other particular concerns

SIGNED

PRINT NAME

DESIGNATION

CONTACT DETAILS

DATE

STATEMENT OF INTERPRETER *(where appropriate)*

I have interpreted the information above to the Service User to the best of my ability and in a way in which I believe he/she can understand.

SIGNED

PRINT NAME

DATE

STATEMENT OF SERVICE USER

Please read this form carefully. You should already have ECT Information Leaflets that describes the intended benefits, procedure and other useful information regarding ECT. If not, you will be offered a copy now. If you have any further questions, do ask, we are here to help you. Should you wish to obtain additional information or access to independent advocacy, please let us know.

You have the right to change your mind **at any time, including after you have sign this form.**

I agree to the procedure and course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this.

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I have been informed about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

I understand that I have 24 hours to think about the ECT information provided. I can use this time to discuss the ECT with my relatives, friends and/or advisors. Only after this will I make a final decision about consenting for the treatment.

I have received the ECT information leaflets to read prior to giving consent

I have had the opportunity to discuss the following concerns about ECT with the doctor.

SERVICE USER'S SIGNATURE

PRINT NAME

DATE

A witness should sign below if the service user is unable to sign but has indicated his or her consent.

SIGNED

PRINT NAME

DESIGNATION

DATE

IMPORTANT NOTES *(Please tick if applicable)*

See Advanced Directive / Living Will (*e.g. Jehovah's Witness Form*)

Service user's relatives have been informed about the treatment. This does not conflict with issues relating to Service User confidentiality. Please document discussions in Service User's notes.

CONSENT FORM – PART B (staff use only)
TO BE LINKED TO 'PART A' IN SERVICE USERS NOTES

SERVICE USER NAME NHS No

CONFIRMATION / WITHDRAWAL OF CONSENT

(Administering Psychiatrist to obtain consent before each SUBSEQUENT treatment)

- | | |
|---|--------------------------|
| | (Yes/No) |
| 1. I have confirmed with the Service User that he/she has no further questions and wishes ECT to proceed | <input type="checkbox"/> |
| 2. I have explained that he/she may withdraw consent at any time | <input type="checkbox"/> |
| 3. I have confirmed with the Service User that he/she has not been coerced into accepting ECT, either at the base or in the ECT Suite (should SU allege coercion DO NOT administer ECT. Make entry in Clinical Notes) | <input type="checkbox"/> |

TREATMENT No 1 (please tick appropriate)

Service User consents	<input type="checkbox"/>	Service User does not consent	<input type="checkbox"/>
Service User denies coercion	<input type="checkbox"/>	Service User alleges coercion	<input type="checkbox"/>
The consent and other relevant documentation has been discussed with Anaesthetist and ECT Nurse <input type="checkbox"/>			

SIGNED: PRINT NAME:
JOB TITLE: DATE:

TREATMENT No 2 (please tick appropriate)

Service User consents	<input type="checkbox"/>	Service User does not consent	<input type="checkbox"/>	Original Consent Checked	<input type="checkbox"/>
Service User denies coercion	<input type="checkbox"/>	Service User alleges coercion	<input type="checkbox"/>		
The consent and other relevant documentation has been discussed with Anaesthetist and ECT Nurse <input type="checkbox"/>					

SIGNED: PRINT NAME:
JOB TITLE: DATE:

TREATMENT No 3 (please tick appropriate)

Service User consents	<input type="checkbox"/>	Service User does not consent	<input type="checkbox"/>	Original Consent Checked	<input type="checkbox"/>
Service User denies coercion	<input type="checkbox"/>	Service User alleges coercion	<input type="checkbox"/>		
The consent and other relevant documentation has been discussed with Anaesthetist and ECT Nurse <input type="checkbox"/>					

SIGNED: PRINT NAME:
JOB TITLE: DATE:

TREATMENT No 4 (please tick appropriate)

Service User consents	<input type="checkbox"/>	Service User does not consent	<input type="checkbox"/>	Original Consent Checked	<input type="checkbox"/>
Service User denies coercion	<input type="checkbox"/>	Service User alleges coercion	<input type="checkbox"/>		
The consent and other relevant documentation has been discussed with Anaesthetist and ECT Nurse <input type="checkbox"/>					

SIGNED: PRINT NAME:
JOB TITLE: DATE:

TREATMENT No 5 *(please tick appropriate)*

Service User consents Service User does not consent Original Consent Checked
Service User denies coercion Service User alleges coercion
The consent and other relevant documentation has been discussed with Anaesthetist and ECT Nurse

SIGNED: **PRINT NAME:**
JOB TITLE: **DATE:**

TREATMENT No 6 *(please tick appropriate)*

Service User consents Service User does not consent Original Consent Checked
Service User denies coercion Service User alleges coercion
The consent and other relevant documentation has been discussed with Anaesthetist and ECT Nurse

SIGNED: **PRINT NAME:**
JOB TITLE: **DATE:**

TREATMENT No 7 *(please tick appropriate)*

Service User consents Service User does not consent Original Consent Checked
Service User denies coercion Service User alleges coercion
The consent and other relevant documentation has been discussed with Anaesthetist and ECT Nurse

SIGNED: **PRINT NAME:**
JOB TITLE: **DATE:**

TREATMENT No 8 *(please tick appropriate)*

Service User consents Service User does not consent Original Consent Checked
Service User denies coercion Service User alleges coercion
The consent and other relevant documentation has been discussed with Anaesthetist and ECT Nurse

SIGNED: **PRINT NAME:**
JOB TITLE: **DATE:**

TREATMENT No 9 *(please tick appropriate)*

Service User consents Service User does not consent Original Consent Checked
Service User denies coercion Service User alleges coercion
The consent and other relevant documentation has been discussed with Anaesthetist and ECT Nurse

SIGNED: **PRINT NAME:**
JOB TITLE: **DATE:**

TREATMENT No 10 *(please tick appropriate)*

Service User consents Service User does not consent Original Consent Checked

Service User denies coercion Service User alleges coercion

The consent and other relevant documentation has been discussed with Anaesthetist and ECT Nurse

SIGNED: **PRINT NAME:**
JOB TITLE: **DATE:**

TREATMENT No 11 *(please tick appropriate)*

Service User consents Service User does not consent Original Consent Checked

Service User denies coercion Service User alleges coercion

The consent and other relevant documentation has been discussed with Anaesthetist and ECT Nurse

SIGNED: **PRINT NAME:**
JOB TITLE: **DATE:**

TREATMENT No 12 *(please tick appropriate)*

Service User consents Service User does not consent Original Consent Checked

Service User denies coercion Service User alleges coercion

The consent and other relevant documentation has been discussed with Anaesthetist and ECT Nurse

SIGNED: **PRINT NAME:**
JOB TITLE: **DATE:**
