

# CERTIFICATES FOR ELECTRO CONVULSIVE THERAPY (ECT)

Mental Health Act 2007 s93-94

**Mental Health Facility Name:**



SMR025285

I, \_\_\_\_\_, am of the opinion that Electro Convulsive Therapy is  
*Doctors Name in full*

**a reasonable and proper treatment** and is \_\_\_\_\_ for the safety and welfare of:  
*necessary / desirable*

\_\_\_\_\_  
*Patient Name in full*

\_\_\_\_\_  
*Patient DOB*

\_\_\_\_\_  
*Patient MRN*

I make this statement after considering **the patient's clinical condition, history of treatment and any appropriate alternative treatment.**

Supporting Comments/Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Qualifications*

\_\_\_\_\_  
*Full Name*

\_\_\_\_\_  
*Date*

Medical Practitioner    Psychiatrist    Psychiatrist with expertise in treating children/adolescents

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*Doctors Name in full*

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\_\_\_\_\_  
*Patient Name in full*

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*Patient DOB*

\_\_\_\_\_  
*Patient MRN*

I make this statement after considering **the patient's clinical condition, history of treatment and any appropriate alternative treatment.**

Supporting Comments/Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Qualifications*

\_\_\_\_\_  
*Full Name*

\_\_\_\_\_  
*Date*

Medical Practitioner    Psychiatrist    Psychiatrist with expertise in treating children/adolescents

*Applications to the Mental Health Review Tribunal for Electro Convulsive Therapy must be supported by recommendations of two Medical Officers, at least one of whom is a psychiatrist. If the patient is under the age of 16 years, at least one of the certificates must be completed by a Psychiatrist with expertise in the treatment of children or adolescents.*