

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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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.