APPLICATION FOR ECT ADMINISTRATION INQUIRY
Request for Hearing

Mental Health Review Tribunal

Mental Health Act 2007, Section 94(2)/(2A)

Patient Name: _____ _____ _____
Title *Given names* *Family name*

Address: _____

☐ Male ☐ Female D.O.B:_____ MRN: _____ Country of Birth: _____

Applicants Name: _____ (*Authorised Medical Officer*)

Tel: _____ Mobile:_____ Fax: _____

Mental health facility:_____

Patient's Current Status: ☐ Involuntary Patient ☐ Person under 16 years ☐ Forensic Patient

☐ Other Detained Person *(please specify)*: _____

Current Order made by: ☐ Tribunal Expiry Date: _____

In your opinion is the application for an ECT determination urgent? ☐ Yes ☐ No

Proposed date to commence ECT: _____ Proposed date to complete ECT: _____
(period of treatment not to exceed 6 months)

Proposed number of treatments: _____ Proposed frequency of treatments: _____
(generally not to exceed 12 without a further application to the Tribunal)

Preferred date for hearing: _____ ☐ Video ☐ Telephone ☐ In Person

Will the patient be at the hearing? *(by telephone, video or in person)* ☐ Yes ☐ No
If not, please give reasons:

_____

_____

Patient's contact telephone number in the mental health facility (if applicable): _____

Name(s) and contact numbers for designated carer(s) and the principal care provider and any interested persons:

_____ Notified: ☐ Yes (date)_____ ☐ No
_____ Notified: ☐ Yes (date)_____ ☐ No
_____ Notified: ☐ Yes (date)_____ ☐ No

NOTE: *The Authorised Medical Officer must do all things reasonably practicable to notify the designated carer(s) and the principal care provider of the application for an ECT determination or to ascertain whether the patient is capable of giving informed consent to ECT (s78(1)(e) Mental Health Act, 2007).*

The following material must be supplied in support of an application for an ECT determination:

- *written reports or other notes in writing from two medical practitioners, at least one of whom is a psychiatrist, certifying that they are of the opinion that ECT is:*
  (a) a reasonable and proper treatment to be administered to the patient; AND
  (b) necessary or desirable for the safety or welfare of the patient. (s94(3) Mental Health Act 1990)
  NOTE: If the patient is under the age of 16 then at least one of the certificates must be completed by a psychiatrist with expertise in the treatment of children or adolescents
- *Doctor's report on issue of consent and views of the patient, designated carer(s) and the principal care provider and family (where appropriate)*
- *progress notes from patient's file addressing medication and other issues relevant to ECT*
- *evidence that the designated carer(s) and the principal care provider have been notified (where appropriate)*
- *verification that patient is detained under the Mental Health Act 2007.*

Please fax to the Mental Health Review Tribunal on 9817 4543