My physician has recommended that I receive Electroconvulsive Therapy (ECT). The nature of this treatment, including the risks and benefits that I may experience, have been fully described to me and I give consent to be treated with ECT.

I will receive ECT to treat my psychiatric condition. I understand there may be other treatments for my condition, which may include medications and psychotherapy. Whether ECT or another treatment is best for me depends on my prior experience with these treatments, the nature of my psychiatric condition, and other considerations. Why ECT has been recommended for my specific case has been explained to me.

I may receive bilateral ECT or unilateral ECT my doctor will carefully consider the choice of unilateral or bilateral ECT. The electrical current produces a seizure in the brain. The amount of electricity used to produce this seizure will be adjusted to my individual needs based on the judgement of the ECT physician.

The potential benefit of ECT for me is that it may lead to improvement in my psychiatric condition. ECT has been shown to be a highly effective treatment for a number of conditions, however not all patients respond equally well. After ECT, my symptoms may return. How long I will remain well cannot be known ahead of time. To make the return of symptoms less likely after ECT, I will need additional treatment with medication, psychotherapy and/or ECT. The treatment I will receive to prevent the return of symptoms will be discussed with me.

Like other medication procedures, ECT involves risks. After each treatment I may experience confusion, which usually goes away within an hour. Shortly after the treatment I may have a headache, muscle soreness, or nausea. More serious medical complications with ECT are rare. With current ECT techniques, dislocations or bone fractures and dental complications very rarely occur. As with any general anesthetic procedure, there is a remote possibility of death. It is estimated that fatality associated with ECT occurs approximately one per 100,000 patients treated. While also rare, the most common medical complication with ECT is irregularities in the heart rate and rhythm.

To reduce the risk of medical complication, I will receive a careful medical evaluation prior to starting ECT. However in spite of precautions there is a small chance that I will experience a medical complication. Should this occur, I understand that medical care and treatment will be started immediately.

A common side effect of ECT is poor memory function. The degree of disruption of memory is likely to be related to the number of treatments given and their type. Individuals vary considerably in the extent to which they experience confusion and memory problems during and shortly following treatment with ECT. A small number of patients, perhaps 1 in 200, report severe problems in memory that remain for months or even years.

Because of the possible problems with confusion and memory, it is important that I not make any important personal or business decisions during the ECT course or immediately following the course.

The number of treatments that I will receive cannot be known ahead of time. A typical course of ECT is 6-12 treatments but some patients may need fewer and some may need more. Treatments are usually given three times a week but the frequency of treatment may also vary depending on my needs.

I understand that my decision to agree to ECT is being made on a voluntary basis, and that I may withdraw my consent and have the treatment stopped at any time.

I consent to the administration of such anesthetics during ECT as may be considered necessary or advisable by the physician responsible for this service.

Pregnancy is not a contraindication to ECT, although an obstetrical consult is recommended for every patient who is pregnant.
The risks of ECT anesthetic agents to the fetus are likely to be less than the risk of alternative pharmacological treatments for psychiatric disorders and also less than the risks of untreated mental illness.

I HAVE EXPLAINED THE PLAN OF ANESTHESIA, RISKS AND BENEFITS OF PLANNED ANESTHETIC FOR THE DESCRIBED PROCEDURE AND SECURED THE PATIENT’S AND/OR REPRESENTATIVE’S CONSENT.

Anesthesia Physician Signature ___________________________ Date ________________________

I HAVE EXPLAINED THE PROCEDURE, RISKS AND BENEFITS AND SECURED THE PATIENT’S AND/OR REPRESENTATIVE’S CONSENT FOR THE ABOVE DESCRIBED PROCEDURE.

Procedure Physician Signature ___________________________ Date ________________________

I consent to ______ ECT treatments.

Patient’s Signature: ___________________________ Date: ________________________

Witness: ___________________________ Date: ________________________