



ECT CONSENT FORM

Date : ---- / ---- / ----

Patients Name : ----- **Age :** ----- **Sex :** -----

OP No : ----- **IP No :** -----

Psychiatrist : Dr. Venkatesh Ramachandran

- A course of bilateral/ unilateral Electroconvulsive Therapy (ECT) up to a maximum of 10 to 15 treatments will be given over the course of 2 to 4 weeks depending on the clinical response.
- I have been explained about the procedure including the intended benefits, frequently occurring risks and the transient side effects.
- I have also discussed the risks and benefits of any available alternative treatments and any other concerns.
- I have been given the *ECT Information Booklet* and I have gone through it and I understand the procedure and the risks involved.
- I understand that this procedure will also involve general anesthesia and muscle relaxants
- I agree to the procedure and course of treatment
- I understand that any procedure in addition to those described on this form will be carried out if it necessary to save my life or to prevent serious harm to health and I have been told about these procedures.

Patient's Signature & Name

Primary Care Taker / Attenders

Date//

Signature & Name (Relationship to patient)

Date//

In case patient is not able to comprehend instructions and give consent due to illness, Primary care take / Attenders to take custodial rights and sign consent form.