# Section 66

|  | | ***Complete person details or affix patient label in box below:*** | | | |
| --- | --- | --- | --- | --- | --- |
| **Full name of person:** | |  |  | |  |
| **Also known as** | |  |  | |  |
| **Date of Birth:** | |  | / / | |  |
| **HRN:** | |  |  | |  |
| **Sex:** | |  | Male  Female  Non-binary  Not specified | | |
|  | |  | **Patient Label** | | |
|  | | | | | |
| Informed consent of patient | | | | | |
| The doctor below has explained my diagnosis for which Electroconvulsive therapy (ECT) is proposed. | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Full name of doctor performing ECT** | | | | | |
|  | The doctor has also explained ECT, how it is done and how it will benefit my condition. | | | | |
|  | I understand that ECT is given under a general anaesthetic and with a muscle relaxant. The doctor has explained their purpose and how they are given. | | | | |
|  | The doctor has explained the risks and possible side effects of ECT, the general anaesthetic and the muscle relaxant. | | | | |
|  | The doctor has explained other possible treatment options for my condition, including the advantages, disadvantages and risks of each option and the risks if I do not have treatment. | | | | |
|  | I have been given the statement of rights Electroconvulsive treatment and the information has been explained to me. | | | | |
|  | I have had an opportunity to ask questions about ECT and other treatment options and my questions have been answered. | | | | |
|  | I understand the information I have been given. | | | | |
|  | I have had an opportunity to get other advice or help to make the decision. | | | | |
|  | I understand that the results of ECT cannot be guaranteed. If changes to my ECT treatment are needed that affect my consent, these will be discussed with me and a doctor will seek my informed consent to the changes. | | | | |
|  | I have had enough time to make my decision. | | | | |
|  | I understand that I can withdraw my consent to ECT at any time, even after the course of ECT has started. | | | | |
| As such, I consent to a course of ECT up to 12 treatments, which may take up to       weeks to complete *(up to a maximum of 26 weeks)*.  I am 18 years or older: Yes  No | | | | | |
| Diagnosis: | | | | | |
| Signature of patient: | | | | Date:    / / | |
| Signature of witness: | | | | Date:    / / | |
|  | | | | | |
| **Form Requirements**  Placed on clinical file | | | | | |