*Mental Health and Related Services Act 1998*

*Section 73*

# Form 73

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| Section 73 of the *Mental Health and Related Services Act 1998*, requires the holder of a licence to perform Electroconvulsive Therapy (ECT) to submit a monthly return to the Chief Executive Officer.Refer to **Approved Procedure 12 – Electroconvulsive Therapy (ECT)** for further information. |
| Premises details |
| **Month:** |       | **Year:** |       |
| **Name of licenced premises or approved treatment facility:** |       |
| **Address of licensed premises or approved treatment facility:** |       |

# Licensee/person in charge (PIC) details

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Licensee/PIC:** |       | **Phone no:** |       |
| **Position Title:** |       | **Mobile no:** |       |
| Submission of report by licensee/person in charge (PIC)As required under Section 73 of the *Mental Health and Related Services Act 1998*, I wish to submit the attached report detailing electroconvulsive therapy treatments delivered during the abovementioned month in the abovementioned premises.I confirm that the treatments were performed in line with the Royal Australia and New Zealand College of Psychiatrists (RANZCP) guidelines on the administration of electroconvulsive therapy and were performed by appropriately trained and credentialed clinicians. |
| **Signature of Licensee/PIC:** |       | **Date:** |    / /    |

# Details of Electroconvulsive Treatment (ECT) performed during month being reported on

| **Date** | **HRN** | **Seizure response to ECT** | **Response to Anaesthesia** | **Complications (if any)** |
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**Please Note:**

Completed report is to be sent to the Chief Health Officer via email, ChiefHealthOfficer.DoH@nt.gov.au who is the delegate for the Chief Executive.

A copy is to be provided to the Mental Health Alcohol and Other Drugs Branch, NT Health via email, MHRSATraining.DoH@nt.gov.au.