

Continue consent to electroconvulsive therapy

This form should be completed by the patient or health professional each time the patient attends for ECT.

Patient statement: I agree to have electroconvulsive therapy today.

Staff statement: On behalf of the team treating the patient, I have confirmed with the patient that s/he has no further questions and wishes the procedure to go ahead today.

DATE	ECT Number	Patient's own signature or Staff member: signature, block capitals and designation (if staff signing)
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