



ECT TREATMENT REVIEW AND PRESCRIPTION FORM FOR ACUTE TREATMENT

NAME:

DOB:

NHS No.

REVIEW AFTER TREATMENT NUMBER 1			
<i>DATE ASSESSED:</i>			
<i>Clinical Global Impression-Improvement scale (CGI-I) (tick as appropriate)</i>			
0 = Not assessed		4 = No change	
1 = Very much improved		5 = Minimally worse	
2 = Much improved		6 = Much worse	
3 = Minimally Improved		7 = Very much worse	
<i>Mental State Examination:</i>			
<i>Complaints of cognitive side effects:</i>			
<i>Objective evidence of cognitive side effects:</i>			
<i>mMSE or other cognitive scale: (total score and relevant detail)</i>			
<i>Complaints about physical side effects:</i>			
<i>Other change in physical health (include recent investigation results with dates):</i>			
<i>Other comments or changes: (e.g. MHA status, consent, capacity, medication, etc.)</i>			
<i>Name of assessor:</i>		<i>Signature:</i>	
PLAN REGARDING FURTHER ECT:			
<i>Twice weekly Weekly Other (specify)..... Stop</i>			
<i>Other comments:</i>			
<i>Consultant:</i>		<i>Signature:</i>	



ECT TREATMENT REVIEW AND PRESCRIPTION FORM FOR ACUTE TREATMENT

NAME:

DOB:

NHS No.

REVIEW AFTER TREATMENT NUMBER 2			
<i>DATE ASSESSED:</i>			
<i>Clinical Global Impression-Improvement scale (CGI-I) (tick as appropriate)</i>			
0 = Not assessed		4 = No change	
1 = Very much improved		5 = Minimally worse	
2 = Much improved		6 = Much worse	
3 = Minimally Improved		7 = Very much worse	
<i>MADRS score: (Depressed patients only, for other conditions use appropriate scale)</i>			
<i>Mental State Examination:</i>			
<i>Complaints of cognitive side effects:</i>			
<i>Objective evidence of cognitive side effects:</i>			
<i>Complaints about physical side effects:</i>			
<i>Other change in physical health (include recent investigation results with dates):</i>			
<i>Other comments or changes: (e.g. MHA status, consent, capacity, medication, etc.)</i>			
<i>Name of assessor:</i>		<i>Signature:</i>	
<i>PLAN REGARDING FURTHER ECT:</i>			
<i>Twice weekly Weekly Other (specify)..... Stop</i>			
<i>Other comments:</i>			
<i>Consultant:</i>		<i>Signature:</i>	



ECT TREATMENT REVIEW AND PRESCRIPTION FORM FOR ACUTE TREATMENT

NAME:

DOB:

NHS No.

REVIEW AFTER TREATMENT NUMBER 3			
<i>DATE ASSESSED:</i>			
<i>Clinical Global Impression-Improvement scale (CGI-I) (tick as appropriate)</i>			
0 = Not assessed		4 = No change	
1 = Very much improved		5 = Minimally worse	
2 = Much improved		6 = Much worse	
3 = Minimally Improved		7 = Very much worse	
<i>Mental State Examination:</i>			
<i>Complaints of cognitive side effects:</i>			
<i>Objective evidence of cognitive side effects:</i>			
<i>Complaints about physical side effects:</i>			
<i>Other change in physical health (include recent investigation results with dates):</i>			
<i>Other comments or changes: (e.g. MHA status, consent, capacity, medication, etc.)</i>			
<i>Name of assessor:</i>		<i>Signature:</i>	
<i>PLAN REGARDING FURTHER ECT:</i>			
<i>Twice weekly Weekly Other (specify)..... Stop</i>			
<i>Other comments:</i>			
<i>Consultant:</i>		<i>Signature:</i>	



ECT TREATMENT REVIEW AND PRESCRIPTION FORM FOR ACUTE TREATMENT

NAME:

DOB:

NHS No.

REVIEW AFTER TREATMENT NUMBER 4			
<i>DATE ASSESSED:</i>			
<i>Clinical Global Impression-Improvement scale (CGI-I) (tick as appropriate)</i>			
0 = Not assessed		4 = No change	
1 = Very much improved		5 = Minimally worse	
2 = Much improved		6 = Much worse	
3 = Minimally Improved		7 = Very much worse	
<i>MADRS score: (Depressed patients only, for other conditions use appropriate scale)</i>			
<i>Mental State Examination:</i>			
<i>Complaints of cognitive side effects:</i>			
<i>Objective evidence of cognitive side effects:</i>			
<i>Complaints about physical side effects:</i>			
<i>Other change in physical health (include recent investigation results with dates):</i>			
<i>Other comments or changes: (e.g. MHA status, consent, capacity, medication, etc.)</i>			
<i>Name of assessor:</i>		<i>Signature:</i>	
PLAN REGARDING FURTHER ECT:			
<i>Twice weekly Weekly Other (specify)..... Stop</i>			
<i>Other comments:</i>			
<i>Consultant:</i>		<i>Signature:</i>	



**ECT TREATMENT REVIEW AND PRESCRIPTION FORM
FOR ACUTE TREATMENT**

NAME:

DOB:

NHS No.

REVIEW AFTER TREATMENT NUMBER 5			
<i>DATE ASSESSED:</i>			
<i>Clinical Global Impression-Improvement scale (CGI-I) (tick as appropriate)</i>			
0 = Not assessed		4 = No change	
1 = Very much improved		5 = Minimally worse	
2 = Much improved		6 = Much worse	
3 = Minimally Improved		7 = Very much worse	
<i>Mental State Examination:</i>			
<i>Complaints of cognitive side effects:</i>			
<i>Objective evidence of cognitive side effects:</i>			
<i>Complaints about physical side effects:</i>			
<i>Other change in physical health (include recent investigation results with dates):</i>			
<i>Other comments or changes: (e.g. MHA status, consent, capacity, medication, etc.)</i>			
<i>Name of assessor:</i>		<i>Signature:</i>	
PLAN REGARDING FURTHER ECT:			
<i>Twice weekly Weekly Other (specify)..... Stop</i>			
<i>Other comments:</i>			
<i>Consultant:</i>		<i>Signature:</i>	



ECT TREATMENT REVIEW AND PRESCRIPTION FORM FOR ACUTE TREATMENT

NAME:

DOB:

NHS No.

REVIEW AFTER TREATMENT NUMBER 6			
<i>DATE ASSESSED:</i>			
<i>Clinical Global Impression-Improvement scale (CGI-I) (tick as appropriate)</i>			
0 = Not assessed		4 = No change	
1 = Very much improved		5 = Minimally worse	
2 = Much improved		6 = Much worse	
3 = Minimally Improved		7 = Very much worse	
<i>MADRS score: (Depressed patients only, for other conditions use appropriate scale)</i>			
<i>Mental State Examination:</i>			
<i>Complaints of cognitive side effects:</i>			
<i>Objective evidence of cognitive side effects:</i>			
<i>mMSE or other cognitive scale: (total score and relevant detail)</i>			
<i>Complaints about physical side effects:</i>			
<i>Other change in physical health (include recent investigation results with dates):</i>			
<i>Other comments or changes: (e.g. MHA status, consent, capacity, medication, etc.)</i>			
<i>Name of assessor:</i>		<i>Signature:</i>	
PLAN REGARDING FURTHER ECT:			
<i>Twice weekly Weekly Other (specify)..... Stop</i>			
<i>Other comments:</i>			
<i>Consultant:</i>		<i>Signature:</i>	



ECT TREATMENT REVIEW AND PRESCRIPTION FORM FOR ACUTE TREATMENT

NAME:

DOB:

NHS No.

REVIEW AFTER TREATMENT NUMBER 7			
<i>DATE ASSESSED:</i>			
<i>Clinical Global Impression-Improvement scale (CGI-I) (tick as appropriate)</i>			
0 = Not assessed		4 = No change	
1 = Very much improved		5 = Minimally worse	
2 = Much improved		6 = Much worse	
3 = Minimally Improved		7 = Very much worse	
<i>Mental State Examination:</i>			
<i>Complaints of cognitive side effects:</i>			
<i>Objective evidence of cognitive side effects:</i>			
<i>Complaints about physical side effects:</i>			
<i>Other change in physical health (include recent investigation results with dates):</i>			
<i>Other comments or changes: (e.g. MHA status, consent, capacity, medication, etc.)</i>			
<i>Name of assessor:</i>		<i>Signature:</i>	
<i>PLAN REGARDING FURTHER ECT:</i>			
<i>Twice weekly Weekly Other (specify)..... Stop</i>			
<i>Other comments:</i>			
<i>Consultant:</i>		<i>Signature:</i>	



**ECT TREATMENT REVIEW AND PRESCRIPTION FORM
FOR ACUTE TREATMENT**

NAME:

DOB:

NHS No.

REVIEW AFTER TREATMENT NUMBER 8	
DATE ASSESSED:	
<i>Clinical Global Impression-Improvement scale (CGI-I) (tick as appropriate)</i>	
0 = Not assessed	4 = No change
1 = Very much improved	5 = Minimally worse
2 = Much improved	6 = Much worse
3 = Minimally Improved	7 = Very much worse
MADRS score: <i>(Depressed patients only, for other conditions use appropriate scale)</i>	
Mental State Examination:	
Complaints of cognitive side effects:	
Objective evidence of cognitive side effects:	
Complaints about physical side effects:	
Other change in physical health <i>(include recent investigation results with dates):</i>	
Other comments or changes: <i>(e.g. MHA status, consent, capacity, medication, etc.)</i>	
Name of assessor:	Signature:
PLAN REGARDING FURTHER ECT:	
Twice weekly Weekly Other (specify)..... Stop	
Other comments:	
Consultant:	Signature:



ECT TREATMENT REVIEW AND PRESCRIPTION FORM FOR ACUTE TREATMENT

NAME:

DOB:

NHS No.

REVIEW AFTER TREATMENT NUMBER 9			
<i>DATE ASSESSED:</i>			
<i>Clinical Global Impression-Improvement scale (CGI-I) (tick as appropriate)</i>			
0 = Not assessed		4 = No change	
1 = Very much improved		5 = Minimally worse	
2 = Much improved		6 = Much worse	
3 = Minimally Improved		7 = Very much worse	
<i>Mental State Examination:</i>			
<i>Complaints of cognitive side effects:</i>			
<i>Objective evidence of cognitive side effects:</i>			
<i>Complaints about physical side effects:</i>			
<i>Other change in physical health (include recent investigation results with dates):</i>			
<i>Other comments or changes: (e.g. MHA status, consent, capacity, medication, etc.)</i>			
<i>Name of assessor:</i>		<i>Signature:</i>	
<i>PLAN REGARDING FURTHER ECT:</i>			
<i>Twice weekly Weekly Other (specify)..... Stop</i>			
<i>Other comments:</i>			
<i>Consultant:</i>		<i>Signature:</i>	



ECT TREATMENT REVIEW AND PRESCRIPTION FORM FOR ACUTE TREATMENT

NAME:

DOB:

NHS No.

REVIEW AFTER TREATMENT NUMBER 10			
<i>DATE ASSESSED:</i>			
<i>Clinical Global Impression-Improvement scale (CGI-I) (tick as appropriate)</i>			
0 = Not assessed		4 = No change	
1 = Very much improved		5 = Minimally worse	
2 = Much improved		6 = Much worse	
3 = Minimally Improved		7 = Very much worse	
<i>MADRS score: (Depressed patients only, for other conditions use appropriate scale)</i>			
<i>Mental State Examination:</i>			
<i>Complaints of cognitive side effects:</i>			
<i>Objective evidence of cognitive side effects:</i>			
<i>Complaints about physical side effects:</i>			
<i>Other change in physical health (include recent investigation results with dates):</i>			
<i>Other comments or changes: (e.g. MHA status, consent, capacity, medication, etc.)</i>			
<i>Name of assessor:</i>		<i>Signature:</i>	
<i>PLAN REGARDING FURTHER ECT:</i>			
<i>Twice weekly Weekly Other (specify)..... Stop</i>			
<i>Other comments:</i>			
<i>Consultant:</i>		<i>Signature:</i>	



ECT TREATMENT REVIEW AND PRESCRIPTION FORM FOR ACUTE TREATMENT

NAME:

DOB:

NHS No.

REVIEW AFTER TREATMENT NUMBER 11			
<i>DATE ASSESSED:</i>			
<i>Clinical Global Impression-Improvement scale (CGI-I) (tick as appropriate)</i>			
0 = Not assessed		4 = No change	
1 = Very much improved		5 = Minimally worse	
2 = Much improved		6 = Much worse	
3 = Minimally Improved		7 = Very much worse	
<i>Mental State Examination:</i>			
<i>Complaints of cognitive side effects:</i>			
<i>Objective evidence of cognitive side effects:</i>			
<i>Complaints about physical side effects:</i>			
<i>Other change in physical health (include recent investigation results with dates):</i>			
<i>Other comments or changes: (e.g. MHA status, consent, capacity, medication, etc.)</i>			
<i>Name of assessor:</i>		<i>Signature:</i>	
PLAN REGARDING FURTHER ECT:			
<i>Twice weekly Weekly Other (specify)..... Stop</i>			
<i>Other comments:</i>			
<i>Consultant:</i>		<i>Signature:</i>	



ECT TREATMENT REVIEW AND PRESCRIPTION FORM FOR ACUTE TREATMENT

NAME:

DOB:

NHS No.

REVIEW AFTER TREATMENT NUMBER 12			
<i>DATE ASSESSED:</i>			
<i>Clinical Global Impression-Improvement scale (CGI-I) (tick as appropriate)</i>			
0 = Not assessed		4 = No change	
1 = Very much improved		5 = Minimally worse	
2 = Much improved		6 = Much worse	
3 = Minimally Improved		7 = Very much worse	
<i>MADRS score: (Depressed patients only, for other conditions use appropriate scale)</i>			
<i>Mental State Examination:</i>			
<i>Complaints of cognitive side effects:</i>			
<i>Objective evidence of cognitive side effects:</i>			
<i>mMSE or other cognitive scale: (total score and relevant detail)</i>			
<i>Complaints about physical side effects:</i>			
<i>Other change in physical health (include recent investigation results with dates):</i>			
<i>Other comments or changes: (e.g. MHA status, consent, capacity, medication, etc.)</i>			
<i>Name of assessor:</i>		<i>Signature:</i>	
<i>PLAN REGARDING FURTHER ECT:</i>			
<i>Twice weekly Weekly Other (specify)..... Stop</i>			
<i>Other comments:</i>			
<i>Consultant:</i>		<i>Signature:</i>	

