



MHA 132

Mental Health Act 2014
Section 93 & 94

MHA 132

Application for electroconvulsive
treatment (ECT)

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Mental Health Statewide UR Number

Local Patient Identifier															
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FAMILY NAME

GIVEN NAMES

DATE OF BIRTH	SEX
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Place patient identification label above

Instructions to complete this form

- This form must be completed by:
 - an authorised psychiatrist or delegate for a person receiving treatment from a designated mental health service
 - a psychiatrist in the case of a person receiving treatment from a private mental health service.
- Complete Parts A and C for a person who is a compulsory, security or forensic patient and is aged 18 years or older.
- Complete Parts B and C for a person who is under 18 years of age—you must also notify the Office of the Chief Psychiatrist about the application by calling 1300 767 299 during business hours or by email to ocp@dhhs.vic.gov.au
- Please cross all relevant check boxes in each part.

GIVEN NAMES

FAMILY NAME (BLOCK LETTERS) of patient

a patient of:

name of designated mental health service or private mental health service

Diagnosis:

ICD-10 code:

specify person's diagnosis for which ECT is being proposed

To the Mental Health Tribunal

Part A: Complete for a patient aged 18 years or older

- The abovenamed person is:
 - a compulsory patient
 - a security patient
 - a forensic patient
- I am satisfied that the patient does not have capacity to give informed consent to the ECT.
- I am satisfied that there is no less restrictive way for the patient to be treated.

Part B: Complete for person under 18 years of age.

You must notify the Office of the Chief Psychiatrist about the application (see above).

- The abovenamed person is:
 - a compulsory patient
 - a security patient
 - a forensic patient
- I am satisfied that the young patient:
 - has given informed consent in writing to the performance of a course of ECT on himself or herself; or
 - does not have capacity to give informed consent and there is no less restrictive way for the young patient to be treated.

OR

- The abovenamed person is receiving treatment on a voluntary basis at:
 - a designated mental health service; or
 - a private mental health service.
- I am satisfied that the young person:
 - has given informed consent in writing to the performance of a course of ECT on himself or herself; or
 - does not have capacity to give informed consent, but a person who has the legal authority to consent to treatment for the person has given informed consent in writing to the performance of a course of ECT on the person and there is no less restrictive way for the person to be treated.

Part C: Details of proposed ECT

- I apply to the Mental Health Tribunal to perform a course of ECT on the person.
- The proposed number of treatments in the course of ECT is: treatments. (maximum number is 12 treatments)
- The proposed duration of the course of ECT is: weeks. (maximum duration is 26 weeks)
- The course of ECT is:
 - not urgent
 - urgent. You may only request an urgent hearing if the course of ECT is necessary as a matter of urgency to:
 - save the life of the person; or
 - prevent serious damage to the health of the person; or
 - prevent the person from suffering or continuing to suffer significant pain or distress.
- I request the application be heard within: days. (Select between 1-5 days. The number selected must reflect the urgency of the application.)

Signature:

Date:

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signature of authorised psychiatrist or delegate / psychiatrist

Given Names:

Family Name:

Business Address:

Telephone:

ROLLS AUSTRALIA 1300 600 192

MAY 2017

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