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| **Patient’s name:** Click here to enter text. | |
| **Patient’s address:** Click here to enter text. | |
| **Name of mental health service:** Click here to enter text. | |
| **Date of admission (where relevant):** Click here to enter text. | |
| **Consultant Psychiatrist:** Click here to enter text. | **Duration known patient:** Click here to enter text. |
| **Medical Officer:** Click here to enter text. | **Duration known patient:** Click here to enter text. |
| **Case Manager (or equivalent):** Click here to enter text. | **Duration known patient:** Click here to enter text. |
| **Tribunal hearing date:** Click here to enter a date. | |

**Please read the instructions and guidelines to preparing Tribunal reports available** [**online**](http://www.mht.vic.gov.au/forms-and-publication/tribunal-forms/) **before completing this report.**

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| **Are you applying to withhold any documentation from the patient?** | Choose an item. |
| **If ‘Yes’, you need to complete a separate** [***MHT30 Application to deny access to documents under section 191 of the Mental Health Act 2014***](http://www.mht.vic.gov.au/forms-and-publication/tribunal-forms/)***.*** | |

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| **Part 1: Urgent applications for compulsory ECT**  ***Only complete Part One if you are making an Urgent Application (to be heard within 48 hours) for Compulsory ECT.*** | |
| **1.1 Select one or more of the following reasons why urgent ECT is required.** | |
| **ECT is necessary to save the life of the patient** | Choose an item. |
| **ECT is necessary to prevent serious damage to the health of the patient** | Choose an item. |
| **ECT is necessary to prevent to prevent the patient from suffering or continuing to suffer significant pain or distress** | Choose an item. |

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| **1.2 Give reasons why you selected the above criteria.** |
| Click here to enter text. |

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| **Part 2: Patient details** |

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| **2.1 List the names and relationship to the patient of key support people including carer(s), family, friend/s, guardian, or nominated person. If known please confirm whether they will or won’t be attending the hearing.** |
| Click here to enter text. |

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| **2.2 Give a summary of the patient’s current social circumstances including: relevant family history, accommodation, employment, financial circumstances (e.g. Disability Support Pension), substance use issues, social stressors, interests, activities, abilities and skills (including activities of daily living).** |
| Click here to enter text. |

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| **2.3 What is the patient’s current diagnosis?** |
| Click here to enter text. |

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| **2.4 Describe the patient’s current clinical presentation and, if applicable, outline the circumstances leading to the patient’s current admission.** |
| Click here to enter text. |

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| **2.5 Briefly describe the patient’s psychiatric history (in chronological order).** |
| Click here to enter text. |

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| **2.6 Has the patient previously been treated with ECT? If yes, provide details as to, the type of ECT (unilateral/ bilateral/ ultra-brief),when and how often the patient received ECT, and the outcome of this previous ECT including beneficial and adverse effects.** |
| Click here to enter text. |

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| **2.7 List current medications and dosages (psychotropic and general).** |
| Click here to enter text. |

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| **2.8 Give a description of the patient’s physical health.** |
| Click here to enter text. |

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| **2.9 Are there any medical and/or anaesthetic risks?** |
| Click here to enter text. |

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| **Part 3: The patient’s capacity to provide informed consent to ECT** |
| **3.1 Summarise the discussions you have had with the patient about the proposal to use ECT as part of their treatment, including the information that was provided, when the discussions occurred, who was involved and how much time the patient has been given to consider the information provided.** |
| Click here to enter text. |

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| **3.2 Summarise any *separate* discussions you have had with the patient’s nominated person, carer, family members or guardian about the proposal to use ECT as part of the patient’s treatment.** |
| Click here to enter text. |

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| **3.3 Have the different forms of ECT been discussed with the patient and those supporting them? If not, why not?** |
| Click here to enter text. |

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| **3.4** | **Is the patient able to understand the relevant information?** | Choose an item. |
| **Is the patient able to remember the relevant information?** | Choose an item. |
| **Is the patient able to use or weigh the relevant information?** | Choose an item. |
| **Is the patient able to communicate their decision?** | Choose an item. |

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| **3.5 If you answered ‘No’ to any of the questions at 3.4, you must provide specific details in support of your response.** |
| Click here to enter text. |

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| **Part 4: Is ECT the least restrictive treatment?** |
| **4.1 What are the patient’s views and preferences on the proposed ECT treatment? Where possible, set out the patient’s reasons for those views or preferences, including any recovery outcomes the patient would like to achieve.** |
| Click here to enter text. |

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| **4.2 Describe any alternative treatments to ECT that are reasonably available. In relation to the medications currently being used to treat the patient’s mental illness, have there been any recent changes, for how long have they been administered, how have the patient’s symptoms responded?** |
| Click here to enter text. |

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| **4.3 What are the patient’s views about alternative treatments to ECT and when did they express these views / preferences?** |
| Click here to enter text. |

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| **4.4 If they have one, attach a copy of the patient’s advance statement. How has the advance statement been used to inform the patient’s treatment and care?** |
| Click here to enter text. |

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| **4.5 If the patient has a carer, nominated person or guardian, what are their views on the proposed ECT treatment?** |
| Click here to enter text. |

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| **4.6 What are the likely consequences for the patient if ECT is not performed? How quickly will the anticipated consequences occur?** |
| Click here to enter text. |

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| **4.7 Describe the anticipated outcomes (both beneficial and adverse) with ECT, including the measures that will be taken to reduce, monitor or review any risks.** |
| Click here to enter text. |

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| **4.8 Attach any second opinion that has been obtained. If the treating psychiatrist does not agree with the second opinion, give details as to why.** |
| Click here to enter text. |

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| **4.9 Taking into consideration all of the above and the mental health principles, explain why the authorised psychiatrist is satisfied that ECT is the least restrictive treatment for this patient?** |
| Click here to enter text. |

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| **Part 5: Proposed course of ECT** |
| **5.1 How many treatments (up to a maximum of 12) do you propose to perform during the course of ECT?** |
| Click here to enter text. |

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| **5.2 Why is the authorised psychiatrist proposing this number of treatments?** |
| Click here to enter text. |

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| **5.3 What is the proposed timeframe (the maximum is 26 weeks) for the ECT course?** |
| Click here to enter text. |

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| **5.4 Give details as to why the authorised psychiatrist is proposing this timeframe.** |
| Click here to enter text. |

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| **AUTHOR OF REPORT** | | | | | |
| **Signed:** |  | | | | |
| **Print name:** | Click here to enter text. | **Date:** | | Click here to enter a date. |
| **Date you last assessed the patient:** Click here to enter a date. | | | | |
| **Date the patient was given a copy of the report:** Click here to enter a date. | | | | | |
| **If more than one person has authored the Report, please list their names and positions:** Click here to enter text. | | | | | |
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| **CONFIRMATION OF REPORT BY AUTHORISED PSYCHIATRIST** | | | | | |
| I confirm the accuracy of this Report. | | | | | |
| **Signed:** | Authorised psychiatrist/delegate | | | |
| **Print name:** | Click here to enter text. | **Date:** | Click here to enter a date. | |
| **Date you last reviewed the patient:** | | Click here to enter a date. | | |
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| **PATIENT RECEIPT OF REPORT** | | | | | |
| If possible, please ask the patient to sign below **to indicate they have** **received and read this Report**.  **NOTE: You have a right to access any documents in the mental health service’s possession that are in connection with the hearing at least 48 hours before the Tribunal hearing. If you would like access to those documents, please discuss this with your treating team.** | | | | | |
| **Signed:** |  | **Date:** | Click here to enter a date. | |