Confirmation of consent:

NHS Number:

Patients Name:

Date of Birth:

Staff from ECT Suit:

There has been no change to the patient's capacity as assessed by their team since referral or last treatment, and hence there is no conflict in administering treatment today. I can confirm that I have checked the consent to treatment forms and they are valid. I have discussed today's treatment with the patients as appropriate and given them the opportunity to ask any further question that they might have.

After a Pre-treatment discussion with patient: (note any concerns or issues raised by patient)

Patient:

I the above patient, consent to today's ECT treatment and have been given the opportunity to ask any further questions I may have.

If ECT staff and patient in agreement please sign below to confirm consent.

Session	Date	Patient Signature	ECT Staff	Any Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				