Application

Mental Health Act 2014 (WA)

Application for Approval to Perform Electroconvulsive Therapy s 410(1)

1.The applicant psychiatrist

Name

Mental Health Service

Postal address

Email address

Contact phone

2.The patient

Name

Postal address

Email address

Contact phone

Date of Birth

Patient status ○ voluntary ◉ involuntary ○ mentally impaired accused

3.Patient's lawyer/advocate/nominated person/support person(s)

Name

Postal address

Email address

Contact phone

Relationship to patient ☐ lawyer ☐ advocate ☐ nominated person ☐ support person

4.Have you applied (or do you intend to apply) to the Chief Psychiatrist for Emergency ECT? If so, please provide details here, including dates of any approved/proposed treatments.

5.Reasons why you are recommending ECT be approved

6.Proposed treatment plan for the ECT

Mental health service at which proposed ECT will be performed:

Is this an approved mental health service to perform ECT pursuant to s544(1) of the *Mental Health Act 2014 (WA)*? YES/NO

Maximum number of treatments proposed to be performed:

Maximum period over which the proposed number of treatments will be performed:

Minimum period proposed to elapse between any two treatments:

7.Responses to section 414(1) criteria

(a) if the patient is a child and the Tribunal is not constituted with a child and adolescent psychiatrist — the views of a medical practitioner or mental health practitioner specified in section 414(2)
(b) the patient's wishes, to the extent that it is practicable to ascertain those wishes

(c) if the patient is an adult — the views of the person who is authorised by law to give informed consent to the electroconvulsive therapy being performed on the patient were that consent required
(d) if the patient is a child — the views of the child's parent or guardian
(e) if the patient has a nominated person — the views of the nominated person

(f) if the patient has a carer — the views of the carer
(g) if the patient has a close family member — the views of the close family member
(i) the consequences for the treatment and care of the patient of not performing the electroconvulsive therapy

(j) the nature and degree of any significant risk of performing the electroconvulsive therapy
(k) whether the electroconvulsive therapy is likely to promote and maintain the health and wellbeing of the patient
(l) whether any alternative treatment is available

(m) the nature and degree of any significant risk of providing any alternative treatment that is available
(n) any other things that the Tribunal may consider relevant to making the decision

Signature of applicant Psychiatrist: Date:

Name of applicant Psychiatrist:

Please save the completed application and submit via the MHT's Document Lodgement Portal

If you have any queries, please telephone the Registry staff on (08) 6553 0060