



Health

SURNAME

MRN

OTHER NAMES

MALE  FEMALE

Facility:

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

M.O.

ADDRESS

**NOTICE TO DESIGNATED CARER/PRINCIPAL CARE PROVIDER OF APPLICATION FOR CONSENT TO ECT – PATIENT UNDER 16 YEARS**

LOCATION

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

**NSW MINISTRY OF HEALTH**

**MENTAL HEALTH ACT 2007**  
Sections 78, 94(2A), 96(3A), and 96(6(d1))

Dear \_\_\_\_\_

**Notification to designated carer/principal care provider of application to administer electro convulsive therapy – patient under 16 years of age**

It is my opinion as an authorised medical officer of .....  
(name of mental health facility)

that it is desirable and in the best interests of ..... who is a  
(patient's full name)

**voluntary**  **involuntary** patient and who is under 16 years of age, to undergo a course of  
(tick relevant patient category)

Electro Convulsive Therapy (ECT).

In accordance with the Mental Health Act, I am required to notify you that an application is being made to the Mental Health Review Tribunal to make a determination on whether ECT can occur.

The Mental Health Review Tribunal will hold a hearing into the application and you are able to attend if you wish.

The Tribunal can only make a determination that allows for ECT to occur on a **voluntary patient** if it is satisfied that:

- the patient is capable of giving informed consent to the ECT and has given that consent in writing; and
- on the evidence provided, that ECT is a reasonable and proper treatment and is necessary or desirable for the safety or welfare of the patient.

The Tribunal can only make a determination that allows for ECT to occur on an **involuntary patient** if it is satisfied that:

- the patient is incapable of giving informed consent to the ECT or is capable of giving that consent but has refused or has neither consented nor refused; and
- on the evidence provided, that ECT is a reasonable and proper treatment and is necessary or desirable for the safety or welfare of the patient.

In making its determination on whether ECT can occur for a person who is under 16 years of age, the Tribunal must consider the views (if known) of any designated carer, principal care provider of the person, or parent (if the parent is not a designated carer or the principal care provider).

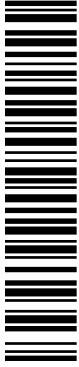
If you wish to discuss this matter further please contact .....  
(name)

on .....  
(telephone number)

Yours faithfully

Print name \_\_\_\_\_ Designation \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



SMR025109

Holes Punched as per AS2828.1: 2012

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