Quinte Health Care

Mental Health Services

ECT Procedure Record

(To be completed by Psychiatrist at each treatment)

AFFIX LABEL HERE

Date YYYY/MM/DD	TREATMENT NUMBER	ELECTRODE POSITION BT (Bitemporal) BF (Bifrontal) RU (Rt Unilateral) LU (Lt Unilateral)	Parameters Spectrum 5000Q				Response of Patient				Multiple Stimuli (Y / N) If given enter each on separate line	Energy (joules)	Complications or Comments	Recommended parameters for next treatment If no change write "same"	Print Physician's Name	Physician Initials
			Pulse Width (MS)	Frequency (HZ)	Duration (sec)	Current (Amp)	Seizure Present (Y / N)	Subthreshold Seizure (Y / N)	Duration Observed Seizure (sec)	Duration EEG Seizure (sec)						

Quinte Health Care

Mental Health Services

ECT Procedure Record

(To be completed by Psychiatrist at each treatment)

AFFIX LABEL HERE

Date YYYY/MM/DD	TREATMENT NUMBER	ELECTRODE POSITION BT (Bitemporal) BF (Bifrontal) RU (Right Unilateral) LU (Lt Unilateral)	Parameters MECTA				Response of Patient				Multiple Stimuli (Y / N) If given enter each on separate line	Energy (joules)	Complications or Comments	Recommended parameters for next treatment If no change write "same"	Print Physician's Name	Physician Initials
			Pulse Width (MS)	Frequency (HZ)	Duration (sec)	Current (Amp)	Seizure Present (Y / N)	Subthreshold Seizure (Y / N)	Duration Observed Seizure (sec)	Duration EEG Seizure (sec)						