Vancouver CoastalHealth
Promoting wellness. Ensuring care.

WILLOW ECT CLINIC INPATIENT AND OUTPATIENT REFERRAL FORM

Referral Date | Referring MD

Patient Name | ECT Supervisor (clinic use only)

(A) Patient Information (may use addressograph)

(1) Gender	(2) Date of birth	(3) Course	(4) Referral source
☐Male		☐Acute	☐Inpatient (go to number 5)
☐Female		☐Maintanence	☐Outpatient (go to number 6 or 7)
☐PHN			

(5) For inpatient course from:

☐Vancouver General Hospital	☐Tertiary Older Adult - Willow	☐Tertiary Adult - Willow	☐Other (specify):
☐UBC Hospital	☐Tertiary Older Adult - Parkview	☐Forensic Psychiatric Institute	

(6) For outpatient treatments from inpatient admssion at:

☐Vancouver General Hospital	☐Tertiary Older Adult - Willow	☐Tertiary Adult - Willow	☐Other (specify):
☐UBC Hospital	☐Tertiary Older Adult - Parkview	☐Forensic Psychiatric Institute	

(7) For outpatient treatments from community:

☐Mental Health Team (specify): ☐Family Physician

☐Case Manager (specify): ☐Phone number:

☐Home address:

(B) Clinical Information

(8) Diagnosis (choose one)

☐Bipolar D/O	☐Psychotic D/O	☐Other (specify):
☐Major Depressive D/O	☐Depressive D/O NOS	

(9) Target symptom (choose all that apply)

☐Suicide	☐Psychosis	☐Mania	☐Catatonia
☐Depressed Mood	☐Poor intake	☐Other (specify):	

(10) Previous ECT response	(11) Consent (choose one)	
☐Yes	☐Voluntary-SDM	☐Involuntary (MHA)
☐No	☐Voluntary-Patient	☐Other (specify):

(12) ASA *if known* (0-4):

(13) Investigations (complete within 10 days of starting ECT for inpatients; within 30 days for outpatients - we can arrange):

☐Current Medication List (required)
☐EKG (required)
☐Anesthesia Consultation, including dental status (required)
☐Bloodwork: CBC and Differential, Electrolytes, BUN, Creatinine, ALT, AST, GGT, TSH (required)
☐Optional Based on Clinical Situation: Chest X-Ray, CT Scan Head

(C) Safety Factors

(14) Medical issues (Choose all that apply)

☐Diabetic	☐Fall Risk	☐MSRA	☐Other Infection (specify):
☐Moderate to Severe Dementia	☐Heavy Transfer	☐VRE	

(15) Behavioural dysregulation

☐Verbal agitation/aggression ☐Physical agitation/aggression

PLEASE FAX COMPLETED FORM TO 604.675.2464 (TELEPHONE 604.675.2449)

PLEASE NOTE THAT OUTPATIENTS MUST BE ABLE TO MAINTAIN NPO STATUS PRIOR TO TREATMENTS AND MUST HAVE POST-ECT RECOVERY SUPERVISION BY A RESPONSIBLE ADULT FOR 24 HOURS.