

Inpatient Electroconvulsive Therapy Referral Checklist

- ☐ Facesheet (patient demographics)
- ☐ Insurance Card Copy (front and back)
- ☐ ECT Referral Form
- ☐ Psychiatric Evaluation Notes (initial)
- ☐ History and Physical (H&P)
- ☐ Progress Notes (last 7 days)
- ☐ Medication Administration Record (MAR)
- ☐ ALL Available Inpatient and Outpatient Records (including any associated imaging)
- ☐ Legal Hold Status (conservatorship document)**
- ☐ Court Order for ECT Treatment**

*****NOT Required for Voluntary Patients***