

# Outpatient Electroconvulsive Therapy Referral Checklist

- ☐ Facesheet (patient demographics)
- ☐ Insurance Card Copy (front and back)
- ☐ ECT Referral Form
- ☐ Psychiatric Evaluation Notes (initial)
- ☐ Any Associated Imaging
- ☐ Legal Hold Status (conservatorship document)\*\*
- ☐ Court Order for ECT Treatment\*\*

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