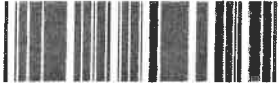


Patient Label



CONSW

1st Opinion For Electroconvulsive Therapy

Patient Name: _____

Current Prescribed Medications:

Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____
Axis V: _____

Why you feel ECT is indicated:

Psychiatrist Signature: _____ **Date:** _____

Psychiatrist Printed Name: _____

Psychiatrist Direct Phone Number: _____