

ECT and TMS

Type of service: Provides ECT and TMS to inpatients as well as outpatients across the SELHIN and beyond whose mental health providers have requested this service.

Referral criteria: Adults 16 years of age or older with a mental disorder that requires Electroconvulsive Therapy (ECT) or TMS treatment. Patients must consent to treatment and if unable, the substitute decision maker must provide consent.

Forms:

[South Eastern Ontario Addictions & Mental Health Service Access Form \(LHIN Mandated Form\)](#)

[Electroconvulsive Therapy Form \(400409\)](#)

[Consent for Electroconvulsive Therapy \(ECT\) \(400469\)](#)

[Adult Mental Health – Initial Assessment of Functioning Scales CGI \(400738\)](#)

[Adult Mental Health – Follow-up Assessment of Functioning Scales \(400739\)](#)

[Pre-Electroconvulsive Therapy \(ECT\) Checklist \(400477\)](#)

[Pre-Electroconvulsive Therapy \(ECT\) Screening Assessment \(500044\)](#)

[Electroconvulsive Therapy \(ECT\) Order Set](#)

[Electroconvulsive Therapy \(ECT\) Update History and Physical \(500011\)](#)