CONSULTING PHYSICIAN VERIFICATION OF CONSENT TO ECT

(For voluntary patients and patients without guardians or conservators.)

Based on my personal examination of _____,
(Patient)

I agree with _____, MD, that
(Treating Physician)

_____ has the capacity to give informed consent
(Patient)

and I certify that the above named patient has, in fact, executed written informed consent to ECT.

_____ _____
(Date) (Consulting Physician)

_____ _____
(Date) (Treating Physician)