



ECT COURSE COMPLETION

The Ascension Saint Thomas Behavioral Health Hospital ECT team has completed a course of ECT for _____, whom you referred to us for this purpose.

THE PATIENT'S TREATMENT OCCURRED AT: Ascension Saint Thomas Behavioral Health Hospital

THIS PATIENT'S COURSE OF TREATMENT IS SUMMARIZED BELOW:

1. Your patient received Unilateral Bilateral Bifrontal ECT between _____ and _____
2. PHQ9 score before treatment: _____ After treatment: _____
3. MMSE score before treatment: _____ After treatment: _____
4. Response — Overall clinical impression: _____
5. Complications: _____
6. Further recommendations: _____

The Ascension Saint Thomas Behavioral Health Hospital team consists of ECT-trained psychiatrists, anesthesiologists/CRNAs, nurses and technicians. We function primarily as a consultation service. Now that we have completed this course of treatment, please continue your management as the patient's outpatient mental health provider, responsible for the patient's overall care. If in the future you would like to request reevaluation of this patient for brain stimulation treatment, please fax a completed referral form to **(629) 228-7951**. If you have any questions or concerns, please contact us at the number below.

Thank you again for your referral, and please let us know of any way you believe that we might improve our services for you and your patients.

PHYSICIAN NAME: Mihika Batavia, D.O.

*Ascension Saint Thomas Behavioral Health Hospital
Brain Stimulation — ECT Services*