



American Behavioral
Individualized Rating Scale For ECT Response Monitoring

Contact Name: _____ **Phone #:** _____ **Fax #:** _____

MD: _____ **Facility:** _____

Patient's Name: _____ **Date Of Birth:** _____

Working Diagnosis: _____

<input checked="" type="checkbox"/>	American Behavioral ECT Criteria
<input type="checkbox"/>	Imminently suicidal—cannot safely wait for a medication to reach effectiveness (high likelihood for harm to self or others, a patient refusing to eat or drink as a means to death, etc.)
<input type="checkbox"/>	Psychotic complications of depression, mania, or Schizoaffective Disorder (although a mood Rx and antipsychotic might suffice if safe to wait)
<input type="checkbox"/>	Catatonia, Catatonic Schizophrenia (although an IV benzodiazepine might suffice)
<input type="checkbox"/>	Complicating medical conditions or intolerance to antidepressant medications (e.g., pregnancy, the elderly, etc. - many geropsychiatrists deem ECT to be safer and more effective than antidepressant Rx - O'Connor, 2001)
<input type="checkbox"/>	Treatment-resistant Neuroleptic Malignant Syndrome
<input type="checkbox"/>	History of preferential response to ECT
<input type="checkbox"/>	Cases of failed medication trials for depression, mania, or Schizoaffective Disorder—in which case, complete the following:

For **initial** ECT authorization request only, please list the prior treatments before ECT:

Prior Treatment (Including Psychotherapy and Other Treatments)	Duration of Treatments	Adverse Effects?	Outcome

If this is **not the initial ECT authorization request**, please list the number and frequency of treatments you are requesting:

of ECT Treatments: _____ **Frequency:** _____

Clearance For Safety	Date Performed	Result	Check If Not Performed
1. Physical Exam			<input type="checkbox"/>
2. CT of Brain			<input type="checkbox"/>
3. EKG			<input type="checkbox"/>
4. Chest X-Ray			<input type="checkbox"/>
5. Blood Screens			<input type="checkbox"/>

Key Target Symptoms	Resolved = 0	Mild = 1	Moderately Severe = 2	Severe = 3	Extreme = 4

Number of ECTs This Series To Date: _____ **Today's Score:** _____