

**CONNECTICUT VALLEY HOSPITAL
ELECTROCONVULSIVE THERAPY
PATIENT PREPARATION CHECKLIST**

PATIENT NAME:_____ **MPI NO.**_____

ECT TREATMENT NO._____

Shower given ()

Consult form ()

NPO after midnight ()

BP_____ ()

Makeup and nail polish removed ()

Dress

Loose clothing for easy access to chest/upper arms ()

Valuables Sent With Patient

Contacts () Dentures () Prosthetic Device ()

Watch () Glasses () Rings ()

Other _____

Pre-ECT Medication _____

Illness/Accident Since Last Treatment _____

Signature of Staff Preparing Patient for ECT

Date