

# ECT-OUTPATIENT CONCURRENT REQUEST

ECT-Outpatient-Concurrent Request Details

## ECT-OUTPATIENT CONCURRENT REQUEST

Is this a telephonic request? (INTERNAL OPTUM USE ONLY)\*\*

Yes  No

### Provider/Facility Information

Name of person completing this form:\*

Contact # of person completing this form:\*

### Request Information

Any new medical conditions or complications from ECT?\*

Yes  No

Has a post-ECT global cognitive baseline level of functioning completed?\*

Yes  No

Progress addressing precipitant:\*

What is the requested frequency and anticipated length of ECT?\*

When is next scheduled ECT?\*

Who will transport member to and from treatments and monitor them immediately after?\*

Is there any relevant information not otherwise discussed that is important for the review of this case?\*

Yes  No

Data Capture Required:

Yes