Waypoint
CENTRE for MENTAL HEALTH CARE
CENTRE de SOINS de SANTÉ MENTALE

500 Church Street, Penetanguishene ON L9M 1G3
500, rue Church, Penetanguishene (Ontario) L9M 1G3
705-549-3181 www.waypointcentre.ca

Waypoint Centre for Mental Health Care Electroconvulsive Therapy (ECT) Referral

If you have any questions about the referral process, please call Waypoint Centre for Mental Health Care Central Intake at **705-549-3181, ext.2308**.
Visit our website for more information regarding Electroconvulsive Therapy (ECT), including indications for ECT.

Referral Requirements – a referral cannot be processed without the following:

1. **Physician/nurse practitioner** – referral is required for Electroconvulsive Therapy (ECT).
2. **Patient must have one of the four primary indications for ECT:**
   - ☐ *Major Depressive Episode* (arising from unipolar depression, as part of bipolar depression, or concomitant manic symptoms during "mixed states") associated with one of the following features:
     - ☐ Acute suicidality with high risk of acting out suicidal thoughts
     - ☐ Psychotic features
     - ☐ Rapidly deteriorating physical status due to complications from the depression, such as poor oral intake
     - ☐ History of poor response to medications
     - ☐ History of good response to ECT
     - ☐ Patient preference
     - ☐ Risks of standard antidepressant treatment outweigh the risks of ECT, particularly in medically frail or elderly patients
     - ☐ Catatonia
   - ☐ *Mania:* any of the features of Major Depressive Episode are present with one of the following
     - ☐Extreme and sustained agitation
     - ☐The presence of "manic delirium"
   - ☐ *Schizophrenia*
     - ☐Positive symptoms with abrupt or recent onset
     - ☐Catatonia
   - ☐ *Self-Injurious Behaviour and Aggression Associated with Intellectual Disability*
3. **Psychiatric Diagnosis, Current Symptoms, and Psychiatric History** – including psychiatric medication trials
4. **Medical/Problem Diagnosis** – list of medical diagnoses/problems including Diagnostic Indications
5. **Most Recent Cardiology Consultation Report** – if patient has a history of cardiac conditions

500 Church Street, Penetanguishene ON L9M 1G3
500, rue Church, Penetanguishene (Ontario) L9M 1G3
705-549-3181 www.waypointcentre.ca

6. **Most Recent Neurology Consultation Report** – if patient has a history of neurological conditions
7. **Current Medications**
8. **Risk Identification** – at the time of the referral the patient risks are documented
9. **Labs and Diagnostics** – recent and relevant lab work as well as diagnostic reports

*****Please send the completed Referral Form and all supporting documents to Waypoint Central Intake by Fax to 705-549-1812 or by email to centralintake@waypointcentre.ca.**

We cannot begin processing the referral without a completed Referral Form and all supporting documentation.

Waypoint
CENTRE for MENTAL HEALTH CARE
CENTRE de SOINS de SANTÉ MENTALE
Advancing Understanding. Improving Lives.
Avancer la compréhension. Améliorer la vie.

500 Church Street, Penetanguishene ON L9M 1G3
500, rue Church, Penetanguishene (Ontario) L9M 1G3
705-549-3181 www.waypointcentre.ca

FOR WAYPOINT USE ONLY	Date Received:		Account #:	

Last name, first name:					
DOB *(dd/mm/yyyy)*:					
Address:					
Contact Numbers:					
Gender: ☐ Female ☐ Male ☐ Intersex ☐ Trans (male to female) ☐ Trans (female to male) ☐ Two Spirit ☐ Other:					
Health Card number:		Version Code:		Expiry date:	
Print Referring Physician's Name:					
Referring Physician's Signature:					
Telephone Contact Information:					
Consent obtained: ☐ Yes ☐ No		Substitute Decision Maker:			

Current Psychiatric Diagnosis:
History of Psychiatric Illnesses – severity of symptoms, prior treatment, and response to those treatments:
Current Mental Status:

Has patient previously received ECT?: ☐ Yes ☐ No	Hospital:
If yes: ☐ Unilateral ☐ Bilateral	Number of Treatments:
Over what period of time:	

500 Church Street, Penetanguishene ON L9M 1G3
500, rue Church, Penetanguishene (Ontario) L9M 1G3
705-549-3181 www.waypointcentre.ca

Diagnostic Indications:

- ☐ Cardiac Arrhythmia
- ☐ Electrophysiological Abnormality
- ☐ Pacemaker
- ☐ Stroke
- ☐ Aortic Aneurysm
- ☐ Increased Intracranial Pressure
- ☐ Brain Neoplasm
- ☐ Seizure Disorder
- ☐ Asthma/COPD/Respiratory Illness
- ☐ Pheochromocytoma

Medical Diagnoses and Problems:

Risk of Harm (self and/or others):

Medical, Addictive, and Psychiatric Co-morbidity:

Current Levels of Stressors:

Engagement and Recovery Status:

Is patient pregnant: ☐ Yes ☐ No Recent Obstetrical Consult: ☐ Yes ☐ No Date:

Medication List

Include prescription, vitamins, over the counter medications, and herbal supplements

Medication	Dose/Units	Route	Frequency	Instructions/Comments
☐ See attached Medication List/copy of Medication Administration Record				