



**Department of Psychiatry
Electroconvulsive Therapy
Program**

F3101 UH South
1500 East Medical Center Drive
Ann Arbor, Michigan 48109-5209
734-764-9190 office

Dear,

The ECT program at Michigan Medicine welcomes your patient inquiry for an ECT consultation.

Patients must be referred to the ECT program by a treating psychiatrist/mental health provider. To provide a thorough evaluation and comprehensive list of recommendations, our team requests **you complete the attached referral forms. Please also provide additional clinical documentation that may be helpful.** The requested clinical documentation and completed referral forms should be faxed back to the ECT Clinic at 734-232-9426. If patient is appropriate for consultation, we will contact the patient directly to schedule evaluation. We may also be in contact with you directly to obtain additional clarifying information.

The ECT program is primarily a consultation service. A comprehensive evaluation will be conducted that will include recommendations to treat your patient's difficult psychiatric disorder. We will review your patient's history and make recommendations about medications, psychotherapy, and/or other brain neuromodulation techniques that may be of assistance to your patient. If ECT is recommended, we will follow your patient along with you during the treatment course with the expectation they will return to your care upon completion of course.

We thank you for this referral and the opportunity to assist your patient. Should you have further questions about this process, please contact our ECT program at 734-615-2862.

Sincerely,

A handwritten signature in black ink that reads 'Daniel F. Maixner'.

Daniel F. Maixner, M.D

ECT Program Director

Past Psychiatric history (hospitalizations/suicide attempts):

Past Psychiatric Medication trials/doses/frequencies

Current Psychiatric Medication trials/doses/frequencies

Past Psychiatric Medication trials/doses/frequencies	Current Psychiatric Medication trials/doses/frequencies

Psychotherapy Yes
No

Summary:

Medical history/comorbidities:

Previous ECT History: Please provide a summary of previous ECT or TMS treatments, if applicable. Please include numbers of treatments, response, and/or complications from ECT.

Substance abuse issues and treatment history:

Contributing psychosocial issues or Axis 2 comorbidities:

Please fax to 734-232-9426