

Electroconvulsive Therapy Log

Resident: _____

Dates of ECT Rotation: _____

Date of Treatment	Demographic Information	Indication for ECT	Lead Placement and Settings (pulse width, frequency, duration, amps)	Special considerations and/or Complications
Ex: 8/1/18	SJ 39 F	MDD, treatment refractory	BLBT, 0.5/40/4/800	

Signature of Resident Date

Signature of ECT Psychiatrist Date

APPROVED FOR SUBMISSION INTO RESIDENT'S PERMANENT FILE

Signature of Psychiatry Residency Director Date