SAN BERNARDINO COUNTY
Behavioral Health
303 E. Vanderbilt Way San Bernardino | (909) 388-0900
www.SBCounty.gov

ELECTROCONVULSIVE THERAPY (ECT) REFERRAL FORM
CLIENT INFORMATION

Client Name	**DOB**	**DBH Medical Record # (if applicable)**
Parent/Guardian/Conservator (if applicable)		**Primary Language**
Phone #		**City of Residence**
Attending Psychiatric Physician/NP Name		**DBH Clinic/Program (if current DBH client)**

INSURANCE

☐	**Medi-Cal (IEHP)**	☐	**Medi-Cal (Kaiser)**	☐	**Medi-Cal (Molina)**
☐	**Medi-Cal (Unassigned)**	☐	**Medicare**	☐	**Medicare/Medi-Cal**
☐	**Uninsured**				

Note: If client has Medicare or Medicare/Medi-Cal, Medicare will normally cover cost of ECT.

For outpatient ECT Only: Due to the administration of anesthesia and potential complications of the procedure, a responsible adult is required to transport client to and from the ECT treatment facility. Please indicate the name of responsible adult and relationship to client:

BRIEF CLINICAL SUMMARY/RATIONALE FOR REFERRAL

Please list current and past medications taken by client. Please indicate dosage, clinical response, and any adverse effects:

Current or Past?	Medication Name	Dosage	Adverse Effects (if any)

ECT MEDICAL NECESSITY CRITERIA
Client must meet at least one (1):

Medical Necessity Criteria	Yes	No	Explanation
Failed response to at least two (2) medications indicated for primary psychiatric condition?			
History of effective response to ECT for same condition in the past?			
Need for rapid response due to potential for client's condition to present a danger to self.			
ECT is an effective alternative to medications to which client has a documented history of side effects.			

PSYCHIATRIC DIAGNOSIS(ES)

ICD-10 Code	DSM 5 Code	DSM 5 Name

Submitted by: ☐ **Attending Psychiatric Physician** ☐ **Attending Psychiatric NP**

Printed Name **Signature** **Date**

Phone Number

Note: Please attach copy of most recent Psychiatric Assessment and last three (3) Progress Notes.

☐ If these documents are in the DBH myAvatar EHR, please check here, and do not attach these documents.