Print Form Reset Form Save Form

Sentara Health Plans

PO Box 66189
Virginia Beach, VA 23466

Commercial Plans:

Electroconvulsive Therapy (ECT) Request Form

Please submit via the provider portal or
fax to **757-431-7763** or **1-844-723-2096**

Member Name/Last, First	Member ID/Policy#	Date of Birth/Age	Today's Date

Psychiatrist Name:_____ Tax ID: _____ NPI:_____
Facility where ECT will be administered: _____ Number of requested units: _____
Diagnosis of a psychiatric condition amenable to ECT treatment:_____
ECT Start Date:_____
Acute request (check all that apply):
Pre-treatment symptoms rated as severe: Y ◯ N ◯
Patient has undergone medication review and clearance: Y ◯ N ◯ Date of clearance: _____

Need for ECT, as indicated by one or more of the following:

- ☐ Catatonia
- ☐ High risk for suicide attempt
- ☐ Intractable manic excitement
- ☐ Neuroleptic malignant syndrome
- ☐ Nutritional compromise
- ☐ Pharmacotherapy not preferred due to risk of adverse effects (i.e., pregnant orelderly patients)
- ☐ Unremitting self-injury

Inadequate response to pharmacotherapy despite *all* of the following (required):

- ☐ Adequate duration and dosage
- ☐ Documented adherence
- ☐ Trials from two or more classes of medications with adjuvants

Extension request (check all that apply):
Extension of acute treatment as indicated by *all* of the following:

- ☐ Partial response to treatment. Please describe:_____
- ☐ Treatment is being reevaluated and modified (i.e., switch from unilateral to bilateral lead placement, medication of stimulus parameters). Indicate:_____

Maintenance Request (check all that apply):

- ☐ Clinical determination that maintenance treatment needed to reduce risk of relapse (e.g., previous relapse without ECT)
- ☐ Adjunctive pharmacotherapy optimized as indicated, or documented intolerance or inadequate response to pharmocotherapy
- ☐ Sessions tapered to lowest frequency that maintains response. Indicate:_____

Documented member resistance to psychopharmacological agents demonstrated by:

Medication Name	Maximum Dose	Start Date	End Date	Outcome/Side Effects