

## WILLOW OUTPATIENT ELECTROCONVULSIVE THERAPY PROGRAM

### REFERRAL INFORMATION

**LOCATION:**

Willow Pavilion, 6<sup>th</sup>. Floor

805 West 12<sup>th</sup>. Avenue

Vancouver, B.C.

V5Z 1M9

**PHONE:**

604-675-2467 Nursing Coordinator

604-675-2449 Administrative Assistant

**FAX:** 604-675-2464

**Web Page:** <http://www.vch.ca/ECTclinic>

Or Scan QR code



**REFERRAL PROCEDURE:**

1. Complete "WILLOW ECT CLINIC INPATIENT AND OUTPATIENT REFERRAL FORM."
2. Be sure to include requested information. Please note that any outstanding investigations may be done at VGH, if necessary.
3. Once accepted, the patient will be assigned an outpatient ECT Supervising Psychiatrist. They will assess the patient, address consent issues, and work with the referring Psychiatrist to organize the ECT course.
4. An Anesthesiologist consultation will be arranged and done at the ECT clinic.
5. Patients will be prioritized based on the clinical situation such as severity of their condition.

**EXCLUSION CRITERIA:**

1. Anesthetic or medical contraindications.
2. Inability to adhere to pre-ECT instructions including remaining NPO for 8 hours and/or after midnight.
3. Patient resides outside of the Vancouver Region (we regret that we cannot accommodate referrals from Richmond or the North Shore).
4. Unavailability of a responsible adult to monitor the patient for 24 hours post-ECT to ensure safety.
5. Is not being followed by a Psychiatrist in the community or followed by a mental health team.