

CONVULSIVE TREATMENTS ADMINISTERED – QUARTERLY REPORT

County	Reporting Facility or Doctor	Report Date
For Quarter Ending	Number of Patients Treated By Major Source of Payment	Private: _____ Public: _____
		3rd Party Payor: _____ Other: _____

SECTION I NUMBER OF PATIENTS RECEIVING TREATMENT

PATIENT DISTRIBUTION	AGE								SEX			RACE								
	12 - 15	16 - 17	18 - 24	25 - 44	45 - 64	65+	Unknown	Totals	Male	Female	Totals	White	Black	Hispanic	Asian	Amer. Indian	Filipino	Other	Totals	
Voluntary Patient - With Informed Consent																				
Voluntary Patient - Not capable of Informed Consent																				
Involuntary Patient - With Informed Consent																				
Involuntary Patient - Not Capable of Informed Consent																				
TOTALS																				

SECTION II TOTAL TREATMENTS GIVEN

Convulsive Treatments																				
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SECTION III COMPLICATIONS ATTRIBUTABLE TO TREATMENT

Cardiac Arrest - Nonfatal																				
Memory Loss - reported																				
Fractures																				
Apnea																				
Death - No Coroner Report																				
Death - With Coroner Report																				
TOTALS																				

SECTION IV EXCESSIVE TREATMENTS

Patients - Excessive Treatments																				
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PREPARED BY: _____

SUBMIT TO:

TELEPHONE NUMBER (including area code): _____

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DO NOT MODIFY THIS FORM FOR SUBMITTAL TO THE DEPARTMENT OF HEALTH CARE SERVICES