

24. Were you ever advised by a healthcare provider that there were other reasons for your post-ECT lingering complaints? Yes No

If YES,

25. What date were you advised that there were other reasons for your post-ECT lingering complaints?

XX41

26. What reasons were you told were other potential causes of your post-ECT lingering complaints?

XXX
XX
XX
XXXXXXXXXXXX 460

27. Is there any other pertinent ECT related history you believe is important for us to know?

XX
XX
XX
XX
XX
XX
XX650

DATE:
(month/day/year)

Signature