F	rm	144-25M-Aug1931						
The	On	tario	Hospital	Series				

Regis	No						
Case	Book	No.	_				

PROVINCE OF ONTARIO

DEPARTMENT OF HEALTH - HOSPITAL BRANCH

PHYSICIAN'S CERTIFICATE

(a) Name in full and set forth Quali- fication or Degree	I, the undersigned (a)
	a legally qualified medical practitioner, residing and practising at (b) Toronto
(b) Locality	in the County ofhereby certify that I, on the
	day of
	the county ofseparately from any other medical practitioner, personally
(c) Name in full (d) Residence (e) Occupation	examined (c)
	(e)domestic
	case of the saidnecessary to be enquired into in
	order to enable me to form a satisfactory opinion, I certify that the said
	is insane, and is a proper person to be confined in a hospital for the insane (if
	the insane person is an idiot, add and that the said and that I have formed this opinion upon the following grounds, namely:
	1. Facts indicating insanity observed by myself.*
1. Appearance	healty dread in gray. Looks well.
2. Conduct	Out me I here. apparent moting good effort.
3. Conversation	bans she sidn't let very high in school - attended auniliary
	2. Other facts (if any) indicating insanity; communicated to me by others; (f)
(f) State the	
information, and from whom re- ceived	Records show that this patient is on probation from the Ontario Hospital, Orillia, since January 30th, 1933.
	signed this lst day of June A.D., 19.53
	at
	Signed in the presence of Witness.
	1
	2 Signature of Examining Physician
	*The facts upon which (from personal observation) the opinion of epilepsy has been formed should always be specified.

N.B.—No person will be admitted to any Ontario Hospital without the approval of the Superintendent or the Deputy Minister of Hospitals, and the person should not be forwarded to such Hospital until notice has been received from the Superintendent or Deputy Minister of Hospitals that admission has been awarded.

No person shall be admitted into any Hospital, except as a voluntary patient or upon the warrant of the Lieutenant-Governor, without the certificates (Form 1) of two legally qualified medical practitioners, accompanied by the family history, in the prescribed form, and the financial and estate history in the prescribed form, and upon notice having been received from the Superintendent of the said Hospital that there is a vacancy for the patient.