



ONTARIO

Department of Health — Mental Health Branch

## MENTALLY DEFECTIVE PATIENT'S HISTORY

(Referred to in Sections 22 to 25 and 73)

1. Name of patient in full: [REDACTED]
2. (a) Age: (b) Date and year of birth: (c) Sex: 3 years - [REDACTED] 61 - M.
3. Residence, Street and Number:  
Lot and Concession:  
Municipality: 2832 Dundas St. W. Toronto 9, Ontario.
4. County or District: York.
5. Length of residence in this municipality: Metro Toronto from birth to CAS admission.
6. Place of birth: Toronto
7. Religious denomination: Protestant.
8. Racial origin: White Caucasian.
9. Marital status (single, married, widowed, divorced, separated):
10. Number and ages of children, if any, living or dead:
11. If not born in Canada give:
  - (a) Date of entry into Canada:
  - (b) Port of entry:
  - (c) Name of vessel or railroad on which patient entered:
12. Family History:
  - (a) Paternal Grandparents—Name, age, occupation. If dead, age and cause:
  - (b) Maternal Grandparents—Name, age, occupation. If dead, age and cause:
  - (c) Father—Name, age, birthplace, school grade reached and age, occupation. If dead, age and cause: [REDACTED] - 35 - Senior Matriculation at 14½ in England. Foreman.
  - (d) Mother—Maiden name, age, birthplace, school grade reached and age, occupation before marriage. If dead, age and cause: [REDACTED] - 38 - Public School. Waitress and clerk.

(e) Brothers and Sisters:  
In order of birth, living or dead:  
Give the name, age:  
If dead, age and cause:  
School grade reached and the age on  
leaving school:

[Redacted] - 17  
[Redacted] - 16  
[Redacted] - 11  
[Redacted] - 10 - Grade 4 Opportunity  
[Redacted] - 9 - Metro School for Re-  
[Redacted] - 7 - Gr. 2 (retarded Children)  
twins, 6 - Keith deceased, "acciden-  
tal surriocation" Man-23 Woman-26.

13. Give age of parents at marriage:

14. Are father and mother blood relations? No.

15. Have any relatives been mentally ill, feeble-minded, epileptic, neurotic, eccentric? Give particulars:

[Redacted] s. 21(1) and s. 49(b)  
[Redacted] s. 21(1) and s. 49(b)  
[Redacted] s. 21(1) and s. 49(b)

16. Personal and Development History:

- (a) Was birth of patient full term? 7 lbs. 3 oz.
- (b) Was birth natural, prolonged or difficult? natural
- (c) Were instruments used? no
- (d) Was there injury at birth? no
- (e) Were there any convulsions associated with or shortly after birth? no
- (f) Was patient breast or bottle fed?
- (g) Describe any feeding defects in the first two years: force fed - fluids only
- (h) Age at which first tooth appeared: 7 - 10 months.
- (i) Give age patient began to walk: Doesn't
- (j) Give age patient began to talk: Doesn't
- (k) Is there any speech defect now present? Doesn't Talk
- (l) Is present gait normal, awkward or shuffling? Doesn't walk.

17. School History:

- (a) Age began school:
- (b) Grade or class reached. Give age on leaving school:
- (c) Reasons for leaving school:
- (d) If never attended school, give reasons:
- (e) Has patient had auxiliary class training?
- (f) Can patient read and write?

18. Economic History:

Has patient ever earned wages. If so, state type of work, how long employed, wages earned and reasons for leaving:

19. Social History:

- (a) What are the patient's interests or amusements?
- (b) Has patient playmates; if so, are they of the same age or sex or are they younger?

20. Moral History:

- (a) Is there a history of petty thieving or stealing?
- (b) Does patient do injury to himself?
- (c) Is patient cruel to people or animals?
- (d) Is patient a fire-setter?
- (e) Describe patient's sex interests and experiences, if any:

21. Habits:

- (a) Can patient dress and undress self? No
- (b) Can patient feed self? Is feeding cleanly? No
- (c) Does patient wet or soil bed or clothing? Yes
- (d) Does patient sleep well at night? No
- (e) Has patient any preference in foods? Fluids and some strained infant foods.
- (f) Can patient go up and down steps unaided? No.
- (g) Describe character traits. Is patient quarrelsome, quick or violent tempered, suggestible, stubborn, seclusive, suspicious, obedient, etc.? Temper Tantrums.

22. Psychometric Examination: Jan. 30/1963

Mental age, intelligence quotient, date of examination: I.Q. under 50.  
 July 21/1965 I.Q. under 50.  
 Approx. 9 months-1 year.

23. Previous illnesses:

- (a) Has patient had any serious illnesses? Give age, type and duration of illness, where treated: NO.
- (b) Has patient had any serious accidents? Give age, nature of, and where treated: NO.

24. Physical Examination:

- (a) What is the patient's present physical condition? As of admission Aug. 12/65  
 Undernourished and severe diaper rash.
- (b) What contagious or infectious diseases has patient had, what age, were there any sequelae? Nil.
- (c) What contagious or infectious diseases has patient been immunized against, give date? 1 Quad. at 1 year old.
- (d) Has a blood Wasserman been taken, what result, and the date? No.

25. Name of responsible relative or friend who will act as correspondent:

Children's Aid Society of Metropolitan Toronto.

26. The address of correspondent:

33 Charles St. E. Toronto.

27. The telephone number of correspondent:

924-4646.

28. Relation of correspondent to patient:

(Signature of Medical Practitioner)

Senior Social Worker

(Address)

Children's Aid Society of Metro Toronto  
 33 Charles St E

Toronto

Date

Aug 18

1965