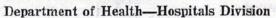
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MENTALLY DEFECTIVE PATIENT'S HISTORY (Referred to in Sections 20 and 60.)

1.	Na	me of patient in full:
2.		Age: (b) Date and year of birth: (c) Sex:
3.	Res	sidence, Street and Number: and Concession: nicipality:
4.	Cou	inty or District:
5.	Len	gth of residence in this municipality: 32 weeks
6.	Plac	ce of birth: TORONIO
7.	Reli	igious denomination: HEBREW
8.	Rac	ial Origin: IHEBREW.
9.		rital status, (Single, married, widowed, proced, separated):
0.		mber and ages of children, if any,ng or dead:
	(a) (b)	ot born in Canada give: Date of Entry into Canada: Port of Entry: Name of vessel or railroad on which patient entered:
2.	Fan (a)	Paternal Grandparents—Name, age, GRANO FATHER - AGE-32 LOUKIM (A occupation of the AND FATHER - AGE-32 LOUKIM (A CALLER - AND FATHER - AGE 47 CORONARY - DEEG
	(b)	Maternal Grandparents—Name, age, GRANDMOLIFER AGE HOUSE occupation. If dead, age and cause: GRANDMOLIFER AGE HOUSE LAOUSE
	(c)	Father—Name, age, birthplace, school grade reached and age, occupation. If dead, age and cause: 3 Ro FORM HIGH SO HOOR AGE 16
	790	* Ingrinute to this with a few that he was side as mouth of the control of the co
	(d)	Mother—Maiden name, age, birthplace, school grade reached and age, occupation before marriage. If dead, age and cause: SALESLAD TORONTO SALESLAD .

	, THE PATIENT.
N. C.	(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:
180	MOTINER COTINE
3.	Give age of parents at marriage: age 19 6 20 - Respectively
1.	Are father and mother blood relations?
5.	Have any relatives been mentally ill, feeble-minded, epileptic, neurotic, eccentric? Give particulars:
6.	Personal and Development History: (a) Was birth of patient full term? (b) Was birth natural, prolonged or difficult? (c) Were instruments used? (d) Was there injury at birth? (e) Were there any convulsions associated with, or shortly after birth? (f) Was patient breast or bottle fed? (g) Describe any feeding defects in the first two years: (h) Age at which first tooth appeared: (h) Age at which first tooth appeared: (h) Give age patient began to walk: (i) Give age patient began to talk: (ii) Give age patient began to talk: (iv) Talked yer (iv) Is present gait normal, awkward or shuffling? (iv) Normal WHEN HELPED
7.	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?
8.	Economic History: Has patient ever earned wages? If so, state type of work, how long employed, wages earned and reasons for leaving.
9.	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? SISTER & BROTTER
0.	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	(a) Can patient dress and undress self? (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? (e) Has patient any preference in foods? (f) Can patient go up and down stairs unaided? NO (g) Describe character traits. Is patient quarrelsome, quick or violent tempered, suggestible, stubborn, seclusive, suspicious, obedient, etc.?	
Y	22.	Psychometric Examination: Mental age, intelligence quotient, date of examination: CA. 28.4. 24. Abril 1952. Nospilal f Side examination: 1-8.18 elitebra Tourist	รั
V	23.	Previous Illnesses: (a) Has patient had any serious illnesses? Give age, type and duration of illness, where children's Footstatel for Bowe treated: Vone 18/53 Nomen	l
1		(b) Has patient had any serious accidents? Give age, nature of, and where treated:	
6	1	- Carrier Committee Commit	
	24.	Physical Examination: (a) What is patient's present physical condition?	
		(b) What contagious or infectious diseases has patient had, what age, were there any sequelae?	
X		(c) What contagious or infectious diseases has friet patient been immunized against, give date? It meedles at 1 year	
/\		(d) Has a blood Wasserman been taken, what result, and the date?	
	25.	Name of responsible relative or friend who will act as correspondent:	
	26.	The address of correspondent:	
	27.	The telephone number of correspondent:	
	28.	Relation of correspondent to patient: PUNT.	
		(Signature of Medical Practitioner)	
		(Address)	
	Dat	e June 8. 1953 Tronto Counda	

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