

15.616.



ONTARIO

Department of Health—Hospitals Division



# MENTALLY DEFECTIVE PATIENT'S HISTORY

(Referred to in Sections 20 and 60.)

1. Name of patient in full: [REDACTED]

2. (a) Age: (b) Date and year of birth: (c) Sex:  
3 1/2 [REDACTED] 1949 MALE

3. Residence, Street and Number:  
Lot and Concession:  
Municipality: [REDACTED]

4. County or District: YORK

5. Length of residence in this municipality: 3 1/2 years

6. Place of birth: TORONTO

7. Religious denomination: HEBREW

8. Racial Origin: HEBREW.

9. Marital status, (Single, married, widowed, divorced, separated): SINGLE

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: *marital*  
(a) Paternal Grandparents—Name, age, occupation. If dead, age and cause: GRANDFATHER - AGE 32 LOWKIMIA - DECEASED  
[REDACTED] GRANDFATHER - AGE 49 COACHMAN - DECEASED  
(b) Maternal Grandparents—Name, age, occupation. If dead, age and cause: GRANDMOTHER AGE 46 HOUSEWIFE  
[REDACTED] GRANDMOTHER - AGE 46 - WIDOW  
*2 daughters; OTHER CHILD HAS 1 housekeeping*  
(c) Father—Name, age, birthplace, school grade reached and age, occupation. If dead, age and cause: [REDACTED] 24 - WINDSOR.  
3RD FORM HIGH SCHOOL AGE 16

(d) Mother—Maiden name, age, birthplace, school grade reached and age, occupation before marriage. If dead, age and cause: [REDACTED] - 23 - TORONTO  
2ND FORM - HIGH SCHOOL - AGE 16  
SAHESHADY

(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:

1 THE PATIENT  
2 COHEN - SISTER - 2 1/2 years  
3 COHEN BROTHER - 7 MONTHS

13. Give age of parents at marriage:

age 19 & 20 - Respectively

14. Are father and mother blood relations?

NO

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

NO

16. Personal and Development History:

(a) Was birth of patient full term?

NO

(b) Was birth natural, prolonged or difficult?

NO

(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?

BOTTLE FED

(g) Describe any feeding defects in the  
first two years:

NO - SOADS - all Junior Foods

(h) Age at which first tooth appeared:

8 MONTHS

(i) Give age patient began to walk:

14 MONTHS NOT WALKED INDEPENDENTLY AS YET

(j) Give age patient began to talk:

" " TALKED YET

(k) Is there any speech defect now present?

NO

(l) Is present gait normal, awkward or shuffling?

NORMAL WHEN HELPED

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: TOO YOUNG

(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?

SISTER & BROTHER

20. Moral History:

(a) Is there a history of petty thieving or stealing?

NO

(b) Does patient do injury to himself?

NO

(c) Is patient cruel to people or animals?

NO

(d) Is patient a fire-setter?

NO

(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? YES
- (e) Has patient any preference in foods? YES
- (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.? Too Young

22. Psychometric Examination:

Mental age, intelligence quotient, date of examination:

C.A. 28.4.  
M.A. 5.0.  
I.Q. 18

24. April 1952.  
Hospital of Sick Children, Toronto

23. Previous Illnesses:

- (a) Has patient had any serious illnesses? Give age, type and duration of illness, where treated:
- (b) Has patient had any serious accidents? Give age, nature of, and where treated:

Had operation at Sick Children's Hospital for Bowel obstruction. June 18/53 Home now

no.

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?
- (c) What contagious or infectious diseases has patient been immunized against, give date?
- (d) Has a blood Wasserman been taken, what result, and the date?

good

no

first 4 needles at 1 year old

no.

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:

GREAT AUNT

(Signature of Medical Practitioner)

(Address)

Date

June 8

1953

Toronto Canada

(Space below for use of Hospital Authorities)

Admission awarded and patient to be admitted on \_\_\_\_\_

\_\_\_\_\_  
(Superintendent)

Date admitted \_\_\_\_\_

Time admitted \_\_\_\_\_

Admitting Officer \_\_\_\_\_

Case Book Number \_\_\_\_\_