Ontario Hospital for Feeble-Minded

HISTORY FORM

Questions to be answered by relatives of proposed patient with the assistance of the family physician. Answer questions as fully as possible.

Return to Superintendent, Ontario Hospital, Orillia, Ontario.

1.	Name in full of proposed patient	Compared to 1
2.	(A) Date of Birth	(A) 1909
	(B) Age	(B) 17 4/12
3.	(A) Where born ?	(1) Foronto. Sum Vuloua and,
	(B) Municipality	(B) v
	(C) County	(c) Lock
	If not born in Canada, state date of arrival and port or point of entry, steamship hine, or railway, by which entered Canada	
4.	(A) Sex	(1) female
	(B) Married or single	(B) lingly
	(C) Religious denomination	(c) Baptist.
5.	(A) Home Address	(A) (no = 0 , 13 t , 13 t)
	(B) Municipality	(B)
	(C) County	(c) york
	(D) How long has the above municipality been the patient's home?	(D) silver butty 1909 to present
	(E) If at present in an institution or away from home. State fully	(E)
6.	Is patient idiotic or imbecile or of a higher (Moron) type mentally?	Moran type · mental age 8 440. 2. 252.
7.	How long has this mental condition been present	Since birth.
8.	(A) Formerly treated in any Asylum?	(A) 10
	(B) If so, when and where?	(B)
9.	Propensities and habits of patient	will all hours might - to when to she sex - runs she will all hours of might - swears - sulls when remembrated with is very unstated of unreliable + enresponsible . easily led.
10.	Present state of health	Good.
No.	Is patient dangerous to self or others?	no.

19. (A) Can patient walk ?	(i) Vao
(B) If so, is gait firm or shuffling?	(B) time
(C) Can patient walk up and down	(c) yes.
stairs readily?	
(D) At what age did patient commence to walk?	on not isligable prising
13. (A) Can patient talk?	(A) 4/0
(B) If so, to what degree ?	(B) ordinary degree.
(C) Is defect in speech from mental incapacity or muscular inability?	(6)
(D) At what age did patient begin to talk?	(n) 2 years -
4 Is patient's sight good ?	The West of the Control of the Contr
5. Is hearing good ?	doe
6. Is there now or has there been paralysis?	No-
7. Any special deformity of body?	no
8. Any peculiarity in form of head or face ?	No.
9. Is patient nervous?	no-
0. (A) Is patient subject to epilepsy or other convulsions?	(V) Ma
(B) If so, how often?	(B)
(C) And when? (Day or night)	(C)
(D) Did patient have convulsions in infancy?	(D)
1. Has patient any unusual movements or twitching of body, limbs or face?	100
2. (A) Does patient rock?	(A) NO
(B) If so, is rocking forward and back or side to side?	(B)
3. (A) Is patient dirty in habits?	(1) no - New clean + particular about her cleanliness.
(B) Can patient feed self ?	(B) Us
(C) If so, is feeding cleanly?	(c) 400.
(D) Has patient any special preference for or aversion to particular articles of food?	(a) N 3
4. (A) Is patient noisy at night?	(A) No.
(B) Is patient subject to night terrors?	(B)
5. Is patient destructive to clothing?	no.
6. Is patient known or suspected to be	Sud. the rounded -
addicted to any secret bad habit? Are any of the symptoms trace- able to the habits?	Las silver from strops - cheap jewelay

	(A) Maslis, Chickings
(B) Any within the last three months ?	(B) 7u · /
(C) Has patient been vaccinated?	(c) Appears to the control of the co
28. Is the patient physically undeveloped ;	No
29. Was patient sickly or strong as a babe? If the former, how was it manifested?	Strong, walthy
30. A) Describe any skin or scalp discase patient may have had?	(1) Formaly had Dehrthyours of hands - cleared up how.
(B) Has patient ever had running sore ears?	(B) 400 - 10
31. (A) Has patient had any acute illness or severe injury? Give particulars.	(A)
(B) Has patient had any surgical operation?	(B)
32. (A) Was patient born at full terms?	(A) 40.
(B) Was patient's birth natural or was it aided by instruments?	(B) (
33. Supposed cause of mental defect ?	A CONTRACTOR OF THE CONTRACTOR
34. (A) What treatment has patient had? Medical and moral	(A) *
(B) What degree of education ?	(B) Has been in an claranto M. D's succe 1919.
(C) Can patient read and write?	(c) - Can world - + read simple Margo
(D) Can patient dress and undress?	(n) Yes
(E) What work can patient do?	(E) Likes treach specially - dato hume work
(F) Will patient join in play with other children?	(F) yes
35. (A) Father's name in full ?	(A)
35. (A) Father's name in full?	(A) (B) US.
	(B)
(B) Living or dead? (C) If dead give date and cause of death?	(B) yrs.
(B) Living or dead? (C) If dead give date and cause of death? (D) Age now if living, or age at death?	(B) yrs. (C) 42
(B) Living or dead? (C) If dead give date and cause of death? (D) Age now if living or age at death? (E) Where born?	(B) yrs. (C) (D) 4+2 (E) · Poellinlle ·
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37. (A) Are the parents in any way re- lated by ties of blood? If so how related?	(A) 700
(B) At what age were the parents married?	(B) Father. 20 Mother, 16
38. What children, if any, has the patient had?	6. 2. mircanierys - mother not !
39. (A) Give ages of brothers and sisters who are living	(A) Brothers. Sisters (B) Brothers Sisters (C) Oll and fublishment (D) b. Ind.
40. What brothers, sisters, other relatives or ancestors have had any physical defect or malformation?	"tito every o months for 1 yes awhen he died
41. What brothers, sisters, other relatives or ancestors have been insane, neurotic, imbedle or eccentric?	
42. What relatives or ancestors have been epileptic? If any	V
43. Has there been tuberculosis in family or relatives? If so, state the facts	The second state in the second
44. What amount per week can be paid? Note—Statutory rate is \$5,00 per week.	
45. (A) In case of patient's illness, etc., with whom shall we correspond? Name and address	(A) Mrs.
(B) In case of death, do the friends wish to take charge of remains?	(B) 410.
46. What is the nearest Telegraph or Telephone office and the nearest Express office ?	
47. Give any other information that you think might be of laterest in the case, regarding the patient personally, the family history or the environment	man and woman superated man commoral and alcoholic. Has not contributed toward support of home of children for rome years.
144 of million for	got has been in Juvenile Court for fetty threwing
Signature of person giving	information ()