

ADMISSION AND DISCHARGE SUMMARY
ONTARIO DEPARTMENT OF HEALTH - MENTAL HEALTH DIVISION

Nov 28/73

1. SURNAME	GIVEN NAMES		CASE BOOK NO.	OCCUPATION	EMPLOYED YES <input type="checkbox"/> NO <input type="checkbox"/>		
2. FACILITY	WARD	UNIT	DATE OF BIRTH DAY MO. YR.	SEX	MARITAL STATUS	SOCIAL INSURANCE NUMBER	LAST OR PRESENT EMPLOYER AND ADDRESS
3. PATIENT'S ADDRESS	MUNICIPALITY		BOROUGH	COUNTY/DISTRICT	PATIENT'S PHONE NUMBER		
4. RELIGION	CITIZENSHIP	1ST ADMISSION	RE-ADMISSION	TRANS. IN DAY	THIS HOSPITALIZATION NO. YR. TIME		EDUCATION: TYPE & GRADE ATTAINED
5. REFERRING SOURCE OR REFERRING PHYSICIAN	NAME OF TRANSFERRING FACILITY			HOSPITAL INSURANCE NUMBER	SUPP. CODE		
6. FAMILY PHYSICIAN	DATE INITIALLY ADMITTED			NAME & INITIAL ON CERTIFICATE			
7. LEGAL NEXT OF KIN (STATE RELATIONSHIP)	ADDRESS			PHONE NO.	PATIENT RELATIONSHIP TO CERTIFICATE HOLDER		
8. CORRESPONDENT	NAME AND ADDRESS OF INS. GROUP						
9. NAME OF FATHER	BIRTHPLACE		MOTHER'S MAIDEN NAME	BIRTHPLACE		MEDICAL INSURANCE NUMBER	
10. METHOD OF ADMISSION	DOCUMENTS	CERTIFICATE OF INCOMPETENCE	BIRTHPLACE	LENGTH RESIDENCE IN ONTARIO		NAME & INITIAL ON CERTIFICATE	
11. PREVIOUS PSYCHIATRIC HOSPITALIZATIONS	HOSPITAL	DATE OF DISCHARGE	HOSPITAL	DATE OF DISCHARGE	PATIENT RELATIONSHIP TO CERTIFICATE HOLDER		
PERSONAL PSYCHIATRIC AND OTHER DIAGNOSIS IN THIS FACILITY				NAME & ADDRESS OF INSURANCE GROUP			
ADDITIONAL INFORMATION (MILITARY SERVICE, D.I.A., PENSION, OTHER INSURANCE, ETC.) FROM RES.				CLERK'S INITIALS			

13. *No correspondence established - Parents separated 1958*

marked by Medical Audit Committee on 10.2.1974.

14. Placement in Approved Home:	Name and type of Facility	Address	Date
15. Psychiatric Diagnosis:			
16. Transferred to:	Name and type of Facility	Address	Date
17. Psychiatric Diagnosis:			

18. Final Psychiatric Diagnosis: *Profound mental retardation*

19. Other Diagnoses: *due to unknown or uncertain cause with the structural reaction manifest.*

20. Complications: (Infections, Injuries, etc.) *cerebral degeneration primary*

21. Treatment and/or operations: *Epilepsy*

22. Consultation with: *[Redacted]*

23. Follow up: *[Redacted]*

24. Discharged: By Physician Against Advice Documentation Incompetent Yes No

25. To Home: In Care of _____ Address _____

26. To Other Facility: Name and type of facility _____ Address _____

27. To Court

28. Death: In hospital Over 48 Hours _____ Under 48 Hours _____ Autopsy _____

29. Other Disposition: (Discharge from leave etc.) _____