

DEPARTMENT OF HEALTH FOR ONTARIO  
MENTAL HEALTH BRANCH

NOTICE OF ADMISSION  
TO HOSPITAL

FOR DEPARTMENT USE

O.H. School, Orillia

Case No. [REDACTED]

1. Name of Patient in full: [REDACTED] (Surname) [REDACTED] (Christian Names)
2. Residence: [REDACTED] (Street and number, or lot and concession) [REDACTED] (Municipality) [REDACTED] (County)
3. Length of residence in Province: Life
4. DATE OF ADMISSION: February 25, 1969
5. First or second admission, etc.: Re- Admission
6. Hospitals to which previously admitted: O.H.S. Orillia
7. Age last birthday: Nineteen
8. Date of birth: [REDACTED] 1949
9. Place of birth: Toronto
10. Citizenship: Canadian
11. Religious denomination:

12. Occupation: None
13. Sex: Female
14. Marital status: Single
15. Paying or indigent: Insured
16. Documentation: Certificate

Whether admitted by (1) Certificate as mentally ill, mentally defective or epileptic (2) Voluntary (3) Voluntary Habitude (4) Deputy Minister's Warrant (5) Warrant of Lieut-Governor (6) Warrant of Minister of Justice (7) from the Examination Unit by certification (8) by certification on Warrant of Remand (9) by certification following deportation, or (10) by warrant of the Deputy Minister as an Habitude.

17. Medical certificate made by:

Dr. [REDACTED] of [REDACTED]

Dr. [REDACTED] of [REDACTED]

Date February 26, 1969

[REDACTED]  
Superintendent

Three copies of this form are to be completed as soon as the patient is admitted. One copy is to be sent to the Deputy Minister and one copy to be sent to the Public Trustee. One copy is to be filed in the patient's correspondence file. The documentation should be stated clearly, using one of the definitions given in the form.