

For Departmental Use

NOTICE OF ADMISSION TO HOSPITAL

O.H. S. Orillia

Case No. [REDACTED]

1. Name of patient in full: [REDACTED]
Surname: [REDACTED] Christian names: [REDACTED]
2. Residence: [REDACTED]
Street and number, or lot and concession: [REDACTED] Municipality: Toronto County: York
3. Length of residence in municipality: life
4. DATE OF ADMISSION: April 13, 1954
5. First or second admission, etc: First
6. Hospitals to which previously admitted:
7. Age last birthday: 4 years
8. Date of birth: [REDACTED] 1949
9. Place of birth: Toronto, Ontario
10. Citizenship: Canadian
11. Religious denomination: Hebrew
12. Occupation: None
13. Sex: Male
14. Marital status: Single
15. Paying or indigent: \$3.50 per week
16. Documentation: Certificate

Whether admitted by: 1) Certificate as mentally ill, mentally defective or epileptic; 2) Voluntary; 3) Voluntary Habitué; 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 Habitué.

17. Medical certificate made by:
Dr. [REDACTED] of Toronto
Dr. [REDACTED] of Toronto

Date April 14/54

[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 is 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.