

STATEMENT REQUESTED BY THE MEDICAL SUPERINTENDENT TO BE
FURNISHED PREVIOUS TO THE ADMISSION OF A PATIENT.

1. Name of the patient (at full length)
2. Residence and birth place
3. Age last birthday
4. Age at first attack
5. Single, Married, or Widowed, and number of Children
6. Occupation and natural disposition
7. Education and Religious persuasion
8. Habits as to temperance, orderly conduct, industry, &c.,
9. Duration of existing attacks, and whether the first
10. Insanity—how manifested
11. When and where previously under treatment
12. What relatives similarly affected
13. Supposed cause
14. What delusions
15. Whether suicidal
16. Whether dangerous to others
17. Whether subject to epilepsy
18. State of bodily health
19. Address of nearest relative or friend, and degree of relationship
20. Other particulars

Name.
Residence.

Date.

CERTIFICATE.

I, the undersigned [*name in full*] being [*state qualification*] and in actual practice, hereby certify that, I on the ——day of——18——, at [*state locality*] in the County of——, separately from any other Medical Practitioner, personally examined [*name in full*] of [*state residence and occupation,*] and that the said——is a person of unsound mind, and a proper person to be taken charge of, and detained under care and treatment; and that I have formed this opinion on the following grounds viz.:

1. Facts indicating insanity observed by myself* [*state appearance conduct and conversation.*]

2. Facts indicating insanity communicated to me by others: [*state the information and from whom.*]

Name.
Place of Residence.

Date.

* The facts upon which (from personal observation) the opinion of insanity has been formed, should always be specified.

N. B.—Two certificates (dated within one month of the commitment) are required in every case. The second should not be signed by the father, brother, son, partner, or assistant of the Medical Practitioner who has signed the first certificate.