

### Occasional Notes.

#### CLINICAL PSYCHIATRY SUB-COMMITTEE.

##### REVISION OF CLINICAL FORMS.

The following revised Enquiry Form has been adopted by the Clinical Psychiatry Sub-Committee for use in mental hospitals.

##### ENQUIRY (HISTORY) FORM.

The Medical Superintendent will be obliged by your kindly furnishing answers to the following questions, regarding :

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who was admitted to this Hospital on

.....

The giving of this information is of the greatest importance in helping the doctors to understand the case, and so in promoting recovery. The facts should be stated without reserve, and will be treated as strictly confidential.

The help of other relatives should be obtained, if necessary, in filling up the form, and the replies will be still more valuable if the *assistance of the family doctor* can be obtained.

If you are unable to answer the questions in Sections 1 or 2, *please make an effort to complete Section 3 at least.* If your information is lacking on any point, please give the name and address of some other relative who might be able to supply it.

Name and address of informant :

Relationship to the patient :

Name and address of any other relatives who might give further information :

Name and address of family doctor, or of any doctors or hospitals under whose care the patient has been recently :

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**SECTION 1 : The Patient's Family.**

## QUESTION.

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1. How old were the parents at marriage ?

Had either been previously married ?

Were they in any way related ?

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2. If parents (or either parent) are deceased, give cause of death :

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3. Give the names and ages of their children (i.e., the patient and his/her brothers and sisters) in their proper order, and include, if possible, miscarriages and stillborn children. Was the patient a twin ?

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4. State the occupation (present or past) of the parents, and their circumstances.

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5. Have either of the patient's parents, or any of his/her brothers or sisters, or any of his/her grandparents, uncles, aunts or cousins, shown any of the following :  
(This is especially important in the case of relatives with whom the patient has actually lived.)

(a) Any kind of *nervous disorder*.

(b) Any kind of *mental trouble* ; if so, where treated.

(c) *Fits or convulsions* of any kind.

(d) *Weak-mindedness* at any age.

(e) *Oddity or eccentricity* of any kind.

(f) Intemperance, i.e. *drink*, or the taking of drugs.

(g) *Consumption or tuberculosis*.

(h) Any other chronic or lasting bodily disease.

(i) Suicide.

(j) Tendency to crime.

**SECTION 1 : The Patient's Family.**

ANSWER.	FOR USE OF MEDICAL OFFICER ONLY.

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**SECTION 2: Personal History.**

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**QUESTION.**

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**PRE-NATAL.**

1. What was the state of health of his/her mother before his/her birth? Was the birth difficult in any way?
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**INFANCY (up to 3 years).**

2. Was the patient easy or difficult to manage as a baby?
  3. Did he/she have any illnesses or injuries at this time (including fits or convulsions)?
  4. At what age did he/she begin to (a) walk, (b) talk?
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**CHILDHOOD (up to 12 years).**

5. What was his/her disposition as a child?
6. Was he/she looked on as in any way difficult, unusual or backward?
7. What schooling did he/she have, and what standard or class did he/she reach?
8. Did he/she suffer from any nervous trouble, such as night terrors, sleep-walking, bed-wetting, St. Vitus's dance, etc.?
9. Did he/she have any illnesses or injuries during this time?
10. Were his/her home surroundings happy? Was his/her upbringing unusual in any way?

**SECTION 2 : Personal History.**

ANSWER.	FOR USE OF MEDICAL OFFICER ONLY.

SECTION 2—*continued.*

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QUESTION.

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## ADOLESCENCE (from 12 to 18 years).

11. What was her/his disposition during these years? Did it change in any way?

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12. What was his/her occupation? And was he/she successful at it?

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13. What were his/her interests or hobbies? Did he/she have friends of his/her own or opposite sex? Was he/she friendly or shy with the latter?

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14. Did he/she have any special difficulties relating to sex, or any abnormal habits?

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15. What were his/her home surroundings like at this time?

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16. Did he/she have any illnesses or injuries during this time?

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17. For women: At what age did she first menstruate?

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## LATER LIFE.

18. What has been the patient's work at various times, and average earnings?

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19. Has he/she had any difficulties connected with his/her work?

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SECTION 2—*continued.*

ANSWER.	FOR USE OF MEDICAL OFFICER ONLY.

SECTION 2—*continued.*

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QUESTION.

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20. If now unemployed, state for how long and the reason ?
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21. What is the patient's usual disposition ? Is it always the same, or does it alter from time to time ? Is he/she generally regarded as in any way odd, eccentric or peculiar ?
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22. What are his/her usual interests or hobbies or ways of spending his/her spare time ?
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23. What are or have been his/her habits in regard to drink ? Has he/she ever been addicted to drugs ?
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24. Has he/she ever had any serious trouble resulting from a love affair, or has he/she had any special difficulties connected with sex ?
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25. If the patient is or has been married, give the date and his/her age at the time. If widowed, divorced or separated, give dates and age in each case.
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26. Has the marriage been unsatisfactory in any way ?
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27. Give particulars of the patient's children, giving their names and ages, and including stillbirths and miscarriages in their proper order.



SECTION 2—*continued.*

ANSWER.	FOR USE OF MEDICAL OFFICER ONLY.

SECTION 2—*continued.*

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QUESTION.

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27a. How many are now alive? What did the others die of?

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28. Have any of the children shown any of the conditions mentioned in question 5? Give full particulars.

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29. What bodily illnesses has the patient had? Give particulars, and where or by whom treated.

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30. What has been the general state of his/her health during recent years?

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31. For women: Have the periods been regular? If they have now ceased, state since when.

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32. If the patient suffers or has suffered from fits, convulsions, faints, or attacks of any kind:

(a) At what age did they start?

(b) When did they cease; or, if they still continue, how often do they occur?

(c) Are they specially frequent at any particular time?

(d) Describe exactly what happens in one of these attacks.

SECTION 2—*continued.*

ANSWER.	FOR USE OF MEDICAL OFFICER ONLY.

SECTION 2—*continued.*

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QUESTION.

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33. Has the patient had any previous nervous or mental trouble of any kind ?  
If so, give as many particulars as you can, and mention whether he/she was treated in any hospital or institution.

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**SECTION 3 : The Present Mental Illness.**

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QUESTION.

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34. When were signs of nervous or mental trouble first noticed, and what were they ?

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35. Describe as fully as you can the course of the illness.

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36. Has his/her sleep or his/her appetite for food been affected ?

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- 36a. Has he/she suffered from severe headache or other pains ?

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37. Has he/she been untidy or otherwise strange in habits ?

SECTION 2—*continued.*

ANSWER.	FOR USE OF MEDICAL OFFICER ONLY.

**SECTION 3 : The Present Mental Illness.**


SECTION 3—*continued.*

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QUESTION.

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38. Has he/she expressed any strange ideas or performed any strange actions?  
Give particulars.

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39. Has he/she ever attempted to injure himself/herself or anyone else, or spoken  
of doing so?

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40. What finally led to his/her going into hospital?

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41. How has his/her bodily health been since his/her mental trouble began? Is  
he/she now suffering from any bodily disorder to your knowledge?

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42. Do you know of any possible cause for his/her mental illness?

SECTION 3—*continued.*

ANSWER.	FOR USE OF MEDICAL OFFICER ONLY.