

| | | |
|-------------------------|---------------------------|--------------------|
| Reg.No | Date of Admission | Criminal/Dangerous |
| Name | Date of Discharge | Suicidal/escaped |
| Religion | Sex | Age |
| Residence | Vegetarian/Non Vegetarian | |
| Brought by | | Year |
| Address of the guardian | | |

| | |
|-----------|-----------------|
| Diagnosis | Treatment given |
| | Results |

| | |
|------------------------------------|--------------|
| Family History father | |
| Father | Epilepsy |
| Mother | Neurosis |
| Sibling | Eccentricity |
| Personal History | Addiction |
| Childhood | |
| Education | |
| Occupation | |
| Menstruation | |
| Marital state | |
| Husband/wife | |
| Children | |
| Personality –social/unsocial | |
| Temperament-mild/irritable | |
| Habits and peculiarities, interest | |

Previous history

| | |
|----------------|------------------|
| Mental illness | physical illness |
|----------------|------------------|

| | |
|------------------|-----|
| Previous attacks | T.B |
|------------------|-----|

| | |
|------------------------|----------|
| When and where treated | syphilis |
| | Epilepsy |
| | Fever |

Physical Characteristics

| | | |
|-------|--------|--------|
| Build | Weight | Height |
|-------|--------|--------|

Identification Marks

Complaints or reasons for admission and their duration

Immediate cause

Predisposing cause

Onset duration progress (details of present attack)

Examination
Behaviour
Emotional Stato
Talk
Orientation
Special Symptoms (hallucination, delision etc)
Physical Examination
General Condition
Injuries
T.R.P
Other systems Blood pressure

Shri/Smt.----- staying at village -----Taluka-----
----- District----- in respect of .

I undersigned ----- certify that,

1) I am a Gazzetted Medical officer (Govt.Recog.Medical Practitioner) and my degrees are as ----- (I am medical Officer under the Act of 1912).

I am medical practitioner.

2) On ----- I, Shri/Smt -----staying at village -----Taluka-----
-----District -----examined individually at this place (absence of any other doctor) and shri/smt-----is

suffering from mental illness and he/she is to be kept under proper medical treatment or observation.

4)My opinion is as following.

- a) On examination following symptoms of mental illness were observed.
- b) Symptoms of mental illness observed by other persons (if any) and reported to me.

Signature
Designation