

**IN THE COURT OF COMMON PLEAS
PIKE COUNTY, OHIO**

IN THE MATTER OF:

Alleged to be Mentally Ill

CASE NO. _____

CASE HISTORY OF MENTAL ILLNESS

This form is to be completed by the person making application for admission or by any other interested competent person.

1. Full name of patient _____ SSN _____
2. Age _____ DOB _____ Place of Birth _____
3. Race _____ Sex _____
4. Single Married Widowed Divorced Separated
5. Patient now resides at _____
Street City State Zip County
6. Occupation _____ When and where last employed _____

7. Who is responsible for the cost of hospitalization? _____

8. Name and address in full of person to whom correspondence is to be directed _____
 _____ Relationship _____
9. Guardian Information (if any): Name _____
 Telephone Number _____
10. Name and address of family physician _____
11. Is patient eligible for veteran's benefits? _____
12. Is patient a dependent or spouse of a deceased veteran? _____
 If so, state name and SSN of deceased veteran _____
13. How long have you known this person? _____

CASE NO. _____

14. State what leads you to believe this person is mentally ill. _____

15. When was the first sign of mental illness observed by you? _____

16. Are there any legal charges pending on patient, or behaviors that could result in legal proceedings? If yes, explain fully _____

17. Was this person previously stable and well adjusted? _____

18. Number of previous attacks of mental disorder _____

19. Has this person been a patient in any hospital, private or public, for the mentally ill, or any other institution? _____ If Yes, state where and how long? _____

20. Has this person suffered serious physical injury? (Particularly to the head) _____
If yes, explain fully _____

21. Has this person suffered any great traumatic incidences or recent stress? _____
If yes, explain fully _____

22. Has this person required feeding, seclusion or restraint? _____ If so, explain fully _____

23. Has this person been addicted to the use of alcohol or drugs? _____
If so, explain fully _____

24. Is this person: Paralytic Bedridden Untidy Violent Destructive
Excited Depressed Homicidal Suicidal

25. If any of the above are true, describe _____

CASE NO. _____

Page 3

26. Does this person have any physical defect or deformity? _____

27. Does patient have any medical illness for which ongoing medication and monitoring is required? _____ If yes, explain fully _____

28. Is patient following doctor's instructions for treatment? _____

List problems _____

29. Interpreter needed? _____ Language _____

30. Patient unit _____

The above information furnished by _____ Telephone number _____

Address _____

This information is believed to be true to the best of his or her knowledge

Date

Signature