PROBATE COURT OF WAYNE COUNTY, OHIO
LATECIA E. WILES, JUDGE

IN THE MATTER OF _____

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_____Social Security No. _____
2. Age_____Date of Birth: Month_____Day_____Year_____Place _____
3. Race_____Sex_____ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐
4. Patient now resides at _____
   Street City State Zip County
5. Occupation_____When and where last employed _____
   _____
6. Who is responsible for cost of hospitalization? _____
7. Name and address in full of person to whom correspondence is to be directed _____
   _____ Relationship _____
8. Guardian: Name_____Telephone Number _____
   Address _____
9. Name and address of family physician _____
10. Is patient eligible for veteran's benefits?
11. Is patient a dependent or spouse of a deceased veteran?_____If so, state name and S.S.N.:
    _____
12. How long have you known this person? _____
13. State what leads you to believe this person is mentally ill _____
    _____
    _____
14. When was the first sign of mental illness observed by you? _____
    _____
15. Are there any legal charges pending on patient, or behaviors that could result in legal proceedings? _____
    If yes, explain fully _____
    _____
16. Was this person previously stable and well adjusted? _____
17. Number of previous incidents of decompensation where medical/crisis intervention is necessary.
    _____
18. Has this person been a patient in any hospital, private or public, for the mentally ill, or anyother institution? _____
    If Yes, state where, and how long? _____
    _____

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19. Has this person suffered serious physical injury? (Particularly to the head)_____If yes explain fully _____

_____

_____

20. Has this person suffered any traumatic incidences or recent stress?_____If yes, explain fully

_____

_____

21. Has this person required forced feeding, seclusion or restraint?_____

If so, explain fully _____

_____

_____

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

_____

_____

23. Is this person?

Paralytic ☐ Bedridden ☐ Unable to Maintain Proper Hygiene ☐ Violent ☐

Destructive ☐ Excited ☐ Depressed ☐ Homicidal ☐ Suicidal ☐

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

_____

_____

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

26. Does patient have any medical illness for which ongoing medication and monitoring is required? _____

If yes, explain fully _____

_____

27. Is the patient following doctor's instructions for treatment?_____List problems _____

_____

28. Interpreter needed ☐ Language_____

29. What community services is the person involved in? _____

_____

The above information furnished by_____Telephone Number _____

Address _____

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

_____ _____

Date Applicant