

T4 MEDICAL QUESTIONNAIRE

Questionnaire 1

Case no.....
Name of Institution:.....in:.....
First and family name of patient:.....maiden name:.....
Date of birth:.....City:.....District:.....
Last Residence:.....District:.....
Unmarr....., marr....., wid....., div:.....Relig:.....Race^a.....Natly:.....
Address of nearest relative:.....
Regular visits and by whom (address):.....
Guardian or Care-Giver (name, address):.....
Cost-bearer:.....How long in this inst.:.....
In other Institutions; when and how long:.....
How long sick:.....From where and when transferred:.....
Twin yes/no.....Mentally ill blood relatives:.....
Diagnosis:.....
Primary symptoms:.....
Mainly bedridden? yes/no.....Very restless yes/no.....Confined yes/no.....
Incurable phys. illness: yes/no:.....War casualty: yes/no.....
For schizophrenia: Recent case.....Final stage.....good remission.....
For retardation: Debility:.....Imbecile:.....Idiot:.....
For epilepsy: Psych. changes.....Average freq. of attacks.....
For senile disorders: Very confused..... Soils self.....
Therapy (Insulin, Cardiazol, Malaria, Salvarsan, etc.): Lasting effects: yes/no.....
Referred on the basis of §51, §42b Crim. Code, etc.....By.....
Crime:.....Earlier criminal acts:.....
Type of Occupation: (Most exact description of work and productivity, e.g. Fieldwork, does not do much.--Locksmith's shop, good skhled worker.--No vague answers, such as housework, rather precise: cleaning room; etc..
Always indicate also, whether constantly, frequently or only occasionally occupied).....
Release expected soon:.....
Remarks:.....

Do not mark in this Space.

Box for stamp or mark

Place, Date.....
Signature of medical director or his representative)

^a German or related blood (German-blooded), Jew, Jewish Mischling (half-breed) 1st or 2nd degree, Negro (Mischling), Gypsy (Mischling), etc.