ANALYSIS OF ADMISSIONS PROCEDURES

# 336 - 67

AUTHOR: H. DORSEY

COMMUNITY SYSTEMS FOUNDATION
Mr. Francis E. Lambert
Administrative Officer
The Sheppard and Enoch Pratt Hospital
Towson, Maryland

Dear Mr. Lambert:

The attached report presents the Foundation's analysis of the Hospital's admissions system with specific recommendations for reallocation of certain job functions and initiation of some revised office procedures.

It is hoped that the implementation of the recommendations will result in a more acceptable admissions procedure. The recommended changes by making more efficient use of existing personnel and eliminating duplication, will not result in any increase in the staffing requirements.

I would like to take this opportunity to express my appreciation to the many members of the Hospital staff for their invaluable assistance and cooperation during this study. I am extremely grateful for their help.

Sincerely yours,

Herbert W. Dorsey

HERBERT W. DORSEY
SYNOPSIS

While this study was conducted independently of the preadmission study being done by the Medical Records Committee; there is necessarily a great deal of relationship between the two areas of investigation. Insofar as possible then, an attempt has been made to recognize those proposals of the Medical Records Committee which, while not yet implemented, have been tentatively approved.

One of the major areas of concern in the present admissions system is the lack of assurance that the forms necessary to compile a patient's legal and medical records will be complete and accurate. Correspondingly, this lack of completeness has required a great deal of time to be spent by numerous personnel to gather the missing information. The proposed system attacks this problem in two ways. First, it enhances the chances of initially obtaining complete and accurate information, relieving the Admitting Resident of unnecessary paper work. This is done by receiving a preadmission form from the patient's relative and having this information transcribed to the forms, thus allowing the resident more time to verify information and obtain a thorough medical history. By relieving the resident of clerical details, we are able to assign the compilation of this data to a more experienced and appropriate person.

In addition to assisting the Admitting Resident in completing the chart, the second advantage of the proposed system is that there is now a centralized admissions coordinator who will exercise a control function over the admission procedure to assure uniformity and completeness.

Another area of concern in the present system deals with the inefficiencies inherent in having the insurance claim function physically and organizationally removed from the Finance Office. This is a particular
problem in that the amount of work entailed in this inappropriate area of responsibility, when added to the appropriate work load, exceeds the capacity of the position responsible. The proposed system relieves the Admissions Secretary of this responsibility for routine completion and transmittal of insurance claims, once the initial insurance information is obtained.

While this system has not yet been implemented, under trial conditions, it is felt that sufficient discussions as to the proposals and changes have been held to insure the applicability and acceptance of it.
SPECIFIC RECOMMENDATIONS

1. Implement usage of Possible Admission Form (also known as Admission Call Intake Form) (attachment X) for recording incoming phone calls and initiating transmittal of preadmission package upon acceptance. The assignment of the Admitting Resident is made at this time and he is notified of this by receiving a copy of the approved Possible Admission Form.

2. Utilize preadmission package to collect information prior to the patient's arrival. Preadmission package includes Explanatory Letter (attachment CC), Relatives Information Booklet (attachment U'), Patient Information Booklet (attachment AA), Blanket Release Form (attachment M), Preadmission Questionnaire (attachment BB), and Financial Agreement (attachment N and N'). The Preadmission Questionnaire, including financial data, has two purposes. First, the receipt of preliminary information prior to the patient's arrival enhances the efficiency of both his clinical treatment and his administrative record. Secondly, the patient's relatives are afforded the opportunity to compile this information in the privacy of their home, where they have access to previous medical bills, insurance policies, bank books, etc., and a proximity to their family doctor and attorney.

The Financial Agreement is included in the preadmission package so that the family will have an opportunity to look at it and consult their attorney if necessary before coming to the Hospital. It is not intended that we require the completion of this form prior to the patient's arrival, as we would do with the Preadmission Questionnaire.

3. Initiate Log Book of Scheduled Admissions (attachment Y) to facilitate planning and scheduling of admissions.

4. Initiate Admissions Control Chart (attachment Z) to interpret availability and type of admissions vacancies.

5. Utilize Admission Check-Off List (attachment DD) to control location
and status of required forms upon admission.

6. Transfer all insurance claim work (including Medicare) to the Finance Office once the initial claim form is filled out by the Admitting Secretary. By having the Admitting Secretary fill out the initial form (attachment T), we will alleviate having an extra person contact the patient's family and at the same time, retain an experienced person in this important capacity. Since only a rough copy is being prepared, there is no need for the Insurance Data Form (attachment O), the information being transcribed directly onto the claim form. By transferring the scheduled submission of these claim forms to the Finance Office, we will utilize the more appropriate part of the Hospital organization to do this, in addition to lessening the work load in the position of Admissions Secretary. We will also eliminate the flow of paper from Dr. Elgin's office in A Building, to the Finance Office in Chapman Building. The insurance function in the Finance Office will be under the responsibility of two existing positions. The more routine clerical aspects, including the reproduction of the master insurance form will be performed by the Patient Cashier, a position which is vacant at the moment but which is expected to be filled shortly. The coordination and billing of the insurance claims will be done by Mrs. Johnson, the present Collections Clerk. These changes can be realized with the addition of one file cabinet to house each patient's financial folder, which will include the aforementioned claim forms, the Financial Agreement and the Preadmission Questionnaire.

7. Copies of the Preadmission Questionnaire should be routed to Medical Records and the Finance Office when it is returned without waiting for the patient's arrival. The copy to the Medical Records Department need not contain the Financial Data.

8. The "rough" copy of the Preadmission Questionnaire is kept in the patient's folder until he arrives. The Admitting Resident annotates this
rough copy rather than preparing a rough Front Sheet (attachment B) since both contain exactly the same information. The rough copy then goes to Morning Conference, back to Dr. Elgin and up to Medical Records. Medical Records prepares a smooth copy of the Preadmission Questionnaire, thus eliminating any need for the Front Sheet. The good copy of the Preadmission Questionnaire is placed in the chart, with copies to the Supervisor of Nursing and the Finance Office. Thus, the Finance Office will pick up any additional information on the patient not on the "rough" copy. Another advantage in eliminating the Front Sheet is that the questionnaire format is based on standard typewriter spacing, whereas the Front Sheet required frequent half spacing and vertical realignment.

9. A training session or "admitting seminar" should be conducted for all Admitting Residents to assure uniformity of practice and knowledge of procedures, also emphasizing the necessity for establishing formal lines of communication while the patient's family is here.

10. Both the Assistant Medical Director and the Admissions Secretary require back-ups for times of vacation, illness, heavy work load, etc. Dr. Finn would act for Dr. Elgin and Mrs. Charlotte Miller for Mrs. Rice. Mrs. Rice estimates approximately three weeks of training covering a few hours each day as being required to brief her replacement.

11. When patients and their families arrive, there should be someone to whom they can take questions of a general nature about the Hospital and who will act as the Hospital's representative in orienting families to Sheppard-Pratt. This person would coordinate motel-hotel accommodations, travel arrangements, etc., and any other affairs of the family not strictly pertaining to clinical treatment or administrative requirements. Mrs. Charlotte Miller would also fill this position.
12. The purchase of a used "Flexowriter" is highly recommended. This machine would cost approximately $1,000.00 to $1,200.00 and could be used for any form letter (such as fund appeals or letters to referring physicians requesting information) wherein the personal touch of an individually type-written letter is preferred over a mimeographed letter. Another use would be in preparing the index cards which presently are circulated to various departments upon the admission of a patient. Perhaps, in the future, many of the statistics presently being submitted on reports to various State and Federal agencies may be submitted in their unsummarized form on the paper tape by-product of the machine to a central computing facility for analysis. At the best, though, this is a way off.

The Flexowriter was chosen over the standard automatic typewriter because its output does have compatibility with data processing equipment. The Royal Typer, while a bit faster (approximately 120 words per minute vs. 80-100 for the Flexowriter), and slightly cheaper ($100.00) does not have this compatibility and is, therefore, much less flexible. The cost of the Flexowriter can be justified by the estimated savings of $1,125.00 over five years on fund appeal letters alone. It is felt that significant savings will also accrue in the Medical Records Department, where the Flexowriter will be located.

The feasibility of an addressograph was investigated and proven uneconomical because of the lack of applications for usage and high initial investment.

13. The Financial Agreement has been modified to include provision for the assignment of insurance payments directly to the Hospital.

14. Many of the different index cards (17 in all) require the same information. It seems apparent then that form 21, which now goes to Dr. Elgin, Dr. Gibson, Mrs. Fisher, Social Service, Mrs. Miller and the General File
can also be used for the Referring Physicians' File, Doctors' File and Diagnostic File. As previously mentioned, these can be typed on a Flexowriter, utilizing a continuous roll of cards. Use of the Flexowriter would preclude having to use carbons, which would make the roll of cards cheaper than if the roll were to contain two carbons interleaved. Also, Form 21 uses both sides, so that carbons are very unmanageable. A continuous roll of 1,000 3 x 5 file cards costs approximately $12.00. No price was obtained for carbon interleaved forms (two carbons are the maximum permissible to retain legibility) as these are not at present available on the market. The cards presently used by the Marking Room, Supervisors of Nursing and Mrs. Fisher (Annual Physical Examination) were unsuitable for standardization and will still have to be typed separately. While it is doubtful that there is still a requirement for five cards to be typed for Miss Hilliard and Miss Price, a formal recommendation would have to be reserved for inclusion in the study of the Patient-Employee Health Care Facilities and their coordination with GBMC.
PRE-ADMISSION:

Presently, the first contact with a patient, his family or the referring physician is when either a letter or phone call is received. All calls are transferred to Dr. Elgin, who either rejects or accepts the application. Should the applicant be accepted, conditional upon the availability of a bed, Dr. Elgin notes the patient's name and his address, his referring physician's name, address and phone number and other relevant facts about the patient, such as occupation or sponsor's occupation and a general summary of the present condition. These conditional acceptances are kept on 3 x 5 slips of paper in the corner of Dr. Elgin's blotter for later referral. Dr. Elgin's source document for the present census is the Daily Report Form 89 (attachment A). If possible, the Booklet of Information (U) is sent to the patient's family. If confirmation of acceptance to Sheppard is made by letter, the admitting time is stated in the letter. If phone confirmation is made, the time is set then.

ADMISSION:

When the patient and his family arrive at the switchboard-receptionist, Dr. Elgin is notified. Dr. Elgin appoints the Admitting Resident, who is then notified of the admission and proceeds to Dr. Elgin's office. Dr. Elgin introduces the resident, who is usually also the psychotherapist who will care for the patient. The resident and patient then proceed to the admitting office, where the resident begins to complete the "Admission Packet" containing the following forms:

1. Front sheet-form 94R (attachment B)
2. Admission slip-form 75 (attachment C)
3. Request for Voluntary Admission-form 71 (attachment D)
4. Family Request for Admission of Relative (attachment E)
5. Permission for Medical Certification-form 109 (attachment F)
6. Clothing Questionnaire-form 84a (attachment G)
7. Hold Harmless Agreement (attachment H)
8. Laboratory Request and Report-form 63 (attachment I)
   a. Urine  b. Blood  c. STS
10. Order Sheet-form 34 (attachment K)
11. Administrative Order Sheet-form 166 (attachment L)
12. Release Form (attachment M)

Coincident with the resident's interview of the patient, the Assistant Medical Director consults with the family or friend who has brought the patient in order to ascertain certain financial information and also to corroborate background information on the patient's medical history. The Financial Agreement, or Bond-form 45 (attachment N) and Insurance Data (attachment O) are completed at this time.

After the admission interview, the patient is escorted to the admission hall by the Nursing Supervisor on duty. The resident then interviews the family in the Admitting Office to further his knowledge of the recent environment, and complete the forms in the "Admission Packet".

In Dr. Elgin's absence, Dr. Finn fulfills his functions.
A. Before the resident returns the "Admission Packet" to Dr. Elgin's office, the Laboratory Requests, Admission Slip and Order Sheets (attachments C, I, J, K, and L) are sent to the halls. Upon receipt of the packet (containing attachments B, D, E, F, G, H and M) Mrs. Rice adds the bond (attachment N) to the packet and prepares the "blue card" (attachment P). She also prepares the Patient Staff Council information Form (attachment W). These are added to the Admission Packet, which goes to morning conference. Attachment W is then sent to the Patient Staff Council, while attachments P, B, D, E, F, G, H and M continue on to Dr. Elgin and finally Medical Records.

B. Two 3 x 5 cards are prepared for the front desk receptionist (attachment Q) and the telephone operator (attachment R).

C. Mrs. Rice, using the insurance data form (attachment O) prepares the insurance claim form, utilizing the standard claim form (attachment T) whenever possible. Sometimes insurance companies insist on completion of their own form, as does Blue Cross - Blue Shield. The original of this claim form ($T_1$) is sent to the Comptroller's Office for the attachment of a bill and then mailed to the insurance company. The carbon of the insurance claim ($T_2$) is combined with attachment O and placed in an insurance file, in Mrs. Rice's office.

D. Upon receipt of the "Admission Packet", (attachments P, B, D, E, F, G, H and M) the Medical Records Department prepares the Daily Report (attachment A) and initiates a medical and legal folder for the patient. The medical folder initially contains the typed original front sheet ($B_1$) and later has the lab results and completed admission slip. The carbon of the typed front sheet ($B_2$) goes to the Nursing Supervisor, and then the hall. The legal folder contains attachments D, E, F, G, H, N and P. The Medical Records Department also sends out form letters (attachment S) requesting
information from physicians, schools, hospitals, etc., and enclosing the
signed release form (attachment M).

E. Medical Records also prepares 17 different information cards
(attachment V).

F. The State of Maryland, Department of Mental Health form is pre-
pared from the front sheet.

G. Upon receipt of the daily report, the Comptroller's Office ini-
tiates an account card. Medicare and/or Blue Cross - Blue Shield members
and deposit information are also obtained from the daily report.
PRESENT B

B, D, E, F, G, H, M, N, P, W

Dr. Elgin

Request for Information

M, S

Medical Records Dept.

Referring Physician School, Etc.

Medical Folder

Daily Report

(2 Copies)

Trustees/Custodian

Dr. Elgin

Occupational Therapy

Dr. Finn

Post Office

Dr. Gibson

Social Work

Medical Records

Nursing Supervisor

Hall

B, D, E, F, G, H, N, P

Patient Staff Council

W

Index Cards

(17)
PROPOSED SYSTEM

PRE-ADMISSION:

1. Dr. Elgin, or in his absence, Dr. Finn, will complete the Possible Admission Form (attachment X) upon receipt and acceptance of a phone call. A letter usually need only be annotated with the assigned resident and desired arrival time.

2. Using information on Possible Admission Form, Admissions Secretary posts Log Book of Scheduled Admissions (attachment Y) and Admissions Control Chart (attachment Z). She also enters patient's name on Admission Check-Off List (attachment DD) and starts a file folder on the patient. The original of the Possible Admission Form (X₁) goes to this folder, while a copy (X₂) goes to the Admitting Resident.

3. The Assistant Medical Director's secretary, upon receipt of Possible Admission Form (or annotated letter) sends "Pre-Admission Packet" consisting of: Explanatory Letter (attachment CC), Relative's Information Booklet (attachment U'), Patient Information Booklet (attachment AA), Blanket Release Form (attachment M), Pre-Admission Questionnaire (attachment BB) and Financial Agreement (attachment N and N') to relative named on Possible Admission Form.

4. When the pre-admission forms (attachments BB, M and N) are returned to the Hospital, the Admissions Secretary checks them for completeness and utilizes the information to fill out the various forms in the Admission Packet (attachments C, D, E, F, G, H, I, J, K and L). She then files this "personalized" Admission Packet, (with attachments BB, M and N) in the patient's file folder, pending his arrival. Should the patient's arrival be too soon after admission notification for transmittal and receipt of the pre-admission forms, these forms are filled out upon the patient's arrival at the Hospital. The Admissions Secretary still prepares...
a "personalized" Admission Packet before the resident completes the forms. As the forms are completed, the Admissions Secretary forwards them to the appropriate members of the organization and checks these off on the Admissions Check Off List. Thus, she can tell at a glance which forms have not been executed and take appropriate action. This will also assist the Medical Records Department in locating parts of the record, since they will only have to deal with one person.

**ADMISSION:**

Upon the arrival of the patient and his family, the Receptionist notifies Dr. Elgin and Mrs. Rice. Since the Admitting Resident has already been appointed, the Receptionist could be instructed to pull the patient's pre-admission folder and notify the resident directly, in the case of an after-hours or weekend admission when Mrs. Rice and Dr. Elgin are not present. In either case, the Admitting Resident would take his "personalized" admitting packet and proceed with the admission and taking of the medical history, as in the present system, with the exception that he will be annotating the Pre-Admission Questionnaire, which was filled out by the patient's relatives, rather than the Front Sheet, which has been eliminated. Dr. Elgin would, as he does presently, interview the patient's family and within his own discretion, either audit and complete Insurance Claim Form (attachment T) and Financial Agreement (attachment N) himself, or appoint Mrs. Rice to do this. When Mrs. Rice receives or completes the Insurance Claim Form, she keeps one copy (T2) for herself and sends the original (T1 and attachment N) to the Finance Office, checking off "Financial Agreement" and "Insurance Claim Form", on the Admission Check Off List.

After the resident has concluded his patient interview, he interviews the family in order to complete the package. He then returns everything to Mrs. Rice, who audits all forms for completeness and accuracy and then distributes them, checking them off as they are sent to the hall.
1. Since the bond (Attachment N) and Insurance Claim Form (T₁) have been sent directly to the Finance Office, the Admissions Secretary prepares only the Patient Staff Council Form (attachment W) and includes it with the Admission Packet, which goes to morning conference. This packet would contain the Pre-Admission Questionnaire (attachment BB) (still in its "rough" form), the Request for Voluntary Admission (attachment D), Family Request for Relative's Admission (attachment E), Permission for Medical Certification (attachment F), Clothing Questionnaire (attachment G) and Hold Harmless Agreement (attachment H). The "blue card" (attachment P) is no longer necessary.

2. When the Front Desk and Telephone Operator information cards (attachments Q and R) are prepared, these are checked off.

3. Upon the packet's return from morning conference, Mrs. Rice checks off these remaining forms (attachments BB, D, E, F, G, H, M and W) when they are sent to Medical Records and the Patient Staff Council.

4. The Medical Records Department proceeds as with the present system, with the exception of typing the Pre-Admission Questionnaire vice the Front Sheet and not filing the Financial Agreement in the Legal Folder. Attachments D, E, F, G and H are filed in the Legal File and the Index Cards (attachment V) are typed. The original typed Pre-Admission Questionnaire (attachment BB), is placed in the chart, copy BB₂ going to the Nursing Supervisor and BB₃ to the Financial Office.

5. The information cards (attachment V) and letters to referring physicians (attachment S) are prepared as outlined in the "SPECIFIC RECOMMENDATIONS" section, paragraphs 12 and 14.

6. The Comptroller's Office no longer needs to wait for the Daily Report, since they can initiate an account card upon receipt of the Pre-Admission Questionnaire. The process used to duplicate the Insurance Claim Form
(attachment T) will depend on the expected length of stay and required frequency of filing of the claim forms. If expected need for forms is greater than 12, a Xerox master is used. If the need is between 4 and 12, the Xerox machine is used. If less than 4, the forms are prepared using carbons. One copy of T₁ is placed in the insurance file while the others accompany each bill.
CONCLUSION

The objective of this admissions study has been to design a system capable of being expanded to handle up to 750 admissions per year, while being flexible enough to operate economically with the present rate of approximately 350 admissions.

By centralizing control of the admitting function, obtaining necessary information prior to the patient's arrival, defining job responsibilities and having the appropriate person doing these jobs, we have been able to efficiently utilize the present staff to accomplish this objective. Some of the other more intangible benefits should be better patient care, resulting from earlier knowledge of needs, and increased employee morale because of elimination of frustration over job responsibility and information location.
Booklet of Information
FOR RELATIVES AND FRIENDS
OF OUR PATIENTS

The Sheppard and Enoch Pratt Hospital
TOWSON-21204 MARYLAND

HARRY M. MURDOCK, M.D.
Hospital Administrator

ROBERT W. CLEASON, M.D.
Medical Director

*indicated in pencil
IT seems to us that a service may be rendered to the relatives or friends of our patients in discussing the attitude and procedures of our hospital as they are practiced for the benefit of both patient and family, for the understanding and help of the latter is very important. Probably you have been advised by your family physician to bring your relative to us, or he may have come voluntarily without persuasion, but in many instances the help you have extended to him thus far has offered difficulties even though it has been extremely valuable.

Those of us who have undertaken the patient's care realize that the situation has been a trying one for you. We understand your deep concern that everything be done that is possible to help the patient become well again. We believe that you will want to know how the hospital is organized to help people get well.

The most important thing to be considered and the one in which we, the patient, his relatives and friends are all most interested is his recovery. We know that he will help himself as much as he is able. His illness, however, may be such that it will prevent him from realizing that he is ill and in need of special care and treatment. If this is so, it becomes important that someone interested in his welfare should make wise decisions in his behalf. For that reason we ask that you read the following pages carefully because we think the knowledge obtained will help you understand to some extent the problems with which we are dealing.

NATURE OF MENTAL ILLNESS

The development of a nervous and mental disturbance in a relative or close friend is to most people a source of worry and bewilderment. In the sick person changes occur which are hard for those about
him to understand. When an individual becomes physically ill his family and friends are usually able to appreciate his complaints and his reactions to them. The thinking, feeling and behavior of someone suffering from a cold, fever, or headache can be readily understood by others because such disturbances ordinarily become a part of everyone's experience. When illness attacks the mental processes, the patient's friends find little in their own experiences to enable them to understand the changes they see in the patient. As a result most people sense an uncomfortable mysteriousness and insecurity when confronted by mental illness. This difficulty of understanding the patient and his needs is an additional reason why your physician recommended that the patient enter this hospital. Here the patient will receive the help of physicians and nurses who have devoted years to the study and care of the mentally ill.

FREQUENCY OF MENTAL ILLNESS

You have perhaps believed, as many people do, that mental illness is not very common. As a matter of fact, however, in the United States one person out of every twenty of the population requires hospital care for a nervous or mental disturbance at sometime during his life. About one half of all hospital beds in this country are occupied by patients suffering from mental or nervous disorders. It was to meet this need that hospitals like this were built and equipped with specially trained doctors and nurses in attendance.

ADMISSION

When a patient becomes ill at home with a nervous disease his family physician is usually consulted first. He may then call in another physician, a specialist in the treatment of mental illness, known as a psychiatrist. If the patient is in need of it, they will recommend his admission to the hospital. The patient, if he is not too ill mentally, will himself recognize the need for hospital treatment and accept the advice of his physician. Under the circumstances, admission arrangements will be made by the
physician or by the family. When the patient arrives he, too, will make a written request of the hospital to permit him to enter for observation and treatment. This form of admission allows the patient to leave the hospital of his own accord at a later time, provided that he gives the hospital three days' written notice. If, however, the patient is quite sick mentally, he may be unable to realize that he is ill and needs hospital care. Then it becomes necessary for his friends and his physician to make wise decisions for him, sometimes contrary to his own wishes. In this case the hospital must have, either at the time of the patient's admission or immediately following, the certificates of two physicians who will certify that the patient is eligible for care in a hospital of this nature. These physicians may not be related to the patient by blood or marriage, must have practiced medicine at least five years, must be licensed practitioners in the State of Maryland and must not be associated with the hospital. The patient's relative or friend of the patient will also sign a request for his admission when he accompanies him to the hospital. It is important to bear in mind that when a relative or friend signs this request he is by no means actually "sends" the patient to the hospital. No patient can be accepted by the hospital if he does not come of his own free will, unless it is upon the signed statement of two physicians that he is sick enough to make hospitalization necessary. Most of our patients enter voluntarily.

HISTORY

When a patient is received at the hospital, it is important that the physician who will care for him learn as much as possible about all the outstanding things which have happened to him from the critical days of his life. This necessary information should be obtained from the members of the family or the friends who have had the longest and closest contact with the patient before he became ill. They will be asked to tell the physician all they can of previous illnesses which the patient has had, what sort of person he was when he was well, and of any unusual circumstances which have been in his relations with other people. A thorough understanding of all events in the patient's previous life is very important if his illness is to be understood and treated adequately. In the face of the serious
situation which has arisen for the patient it is imperative in giving information to the physician that you be frank. The failure of the physician to obtain the patient's consent to the physicians should prevent you from giving the physician whatever information you can to help him recover. During the period when the patient is being treated, he will be given a complete physical examination, including extensive laboratory tests. Following this, he will also talk with him from time to time in order to arrive at a conclusion as to his mental condition. This period of physical and mental study enables the physician to determine whether there is bodily illness associated with the mental troubles. Upon the conclusion of these investigations, the physician will arrange for the patient to live in the particular hospital group for which he is best suited.

**TREATMENT**

In the hospital, we arrange the care and treatment of the patient so that each of the aspects of normal living receive full consideration. Association with other people is made possible as the patient lives in sections of the hospital where he encounters groups of people—patients, doctors, nurses, com- parison roles and others. The patient's participation in group activities of a type that he can comfortably manage is encouraged at all times. The patient expected for that a patient may become worse by contact with other ill patients in groups. Mental illness is not transmissible from person to person by social contacts. On the other hand, we know that no patient can be expected to get well if he is excluded from contacts with other people during his illness.

Practically all patients receive some form of psychotherapy. This involves regular interviews with their staff physician in the course of which there are discussions of troublesome thoughts and feelings as well as a general personality evaluation. The goal of such a study is to help the patient reintegrate and to better understand his relationship with other people and with his environment. Such therapy is usually conducted by some member of the hospital medical staff. These services are included in the hospital rate.
The hospital has also established a small, well-qualified staff of consulting psychiatrists. These physicians have the privilege of seeing patients during hospitalization. In each case special treatment costs are entirely independent of the hospital charges.

Phototherapy is available in these cases when indicated, but in used sparingly and only after the patient's consent. Wearing of a responsible relative is required. As an adjunct to psychological therapy, tranquilizing medication may be used as indicated.

One of the favorite places for social mingling is the library with its three bright and cheerful reading rooms, here the musical books, the better language books and daily newspapers are available.

During the winter months the room is closed every Tuesday afternoon. Since this is a visiting day, patients often bring their visitors to tea, and everyone enjoys this pleasant social hour.

The Department of Occupational Therapy and Recreation, with its special function of stimulating constructive interests and of furnishing wholesome entertainment, is of the greatest importance to both the individual patient and to the group.

Physiacal Condition

In the hospital attention is paid to methods of improving or maintaining the health of the body. If a patient's physical condition is poor when he arrives at the hospital, proper treatment to improve it is called for. It is a well-known truism that a "well body" contributes to a "well mind" and our first thought is always to relieve any bodily ills which the patient may have. If he is in good physical condition when he enters the hospital, provisions are made for maintaining his physical health.

The dietary needs of the patients are met by the serving of abundant and appetizing food in the comparatively small group dining rooms in various sections of the hospital. The very rich patients
have their own rooms or in an adjoining sitting room. A special dietitian, under the
direction of experienced diétitians, provides individual diets needed by patients with diffe-ent diseases.
In fine weather, daily walks are taken about the spacious and attractive grounds and outdoor
games are played in season under the supervision of trained instructors.

SPECIALISTS

All ordinary nursing and medical care is rendered by the staff of hospital nurses and physicians.
However, if the advice of other medical specialists is needed, consultants are always available. If it
becomes necessary to call in such a specialist in another field, such as a surgeon, the family will be
notified except in cases of emergency, when there is of great importance.

EXPENSES

The cost of operating such a specialized hospital is great. The actual cost in this hospital for the
care and treatment of each patient is considerably higher than the charge made to a great many of our
patients. The Hopkins and Essex Post Hospital is not operated for profit but to provide the best
possible care for those who need it. The efforts of the entire personnel are directed toward helping sick
people become well again. In this work you, too, now have a personal interest and can help us.

The hospital rate will be established at the time of the patient’s admission and will be payable in
weekly installments. It is required by the hospital that a financial agreement be signed by two responsible
people, guaranteeing the payment of this rate. In the event the patient is removed before the expiration
of four weeks, a pro rata refund will be made. Bills will be rendered thereafter at the begin-
ing of each four-week period. This rate will cover the patient’s maintenance in the hospital, nursing,
board, room and laundry, as well as all ordinary nursing and medical care as rendered by the hospital
Staff. This includes all types of therapy for the patient’s mental health. A complete physical examina-
tion is made as soon as practical after the patient’s admission. Some special tests and examinations

as a starting deposit of four weeks advance payment, will be
required at that time.
such as laboratory work, x-ray, electrocardiogram, etc., and the fees for dental and oculist examinations, are not included in the hospital rate.

Many families carry hospitalization insurance. We will assist in filing the necessary claims, but it should be explained that insurance is a contract between you and the insurance company, and that you are responsible for the hospital expenses. It should further be kept in mind that in most instances the insurance will pay only a portion of the expenses incurred and that the family must make supplementary payments to keep the hospital account and the patient's personal account up-to-date.

At the time of the patient's admission, arrangements should be made to have on deposit with the hospital a sum of money to be used for the patient's personal expenses. The patient should, under no circumstances, be given money, but any money left for their use should be placed on this deposit account. The hospital maintains a small shop from which the patient may obtain such articles as cigarettes, tobacco, soft drinks, cosmetics, stationery, toothpaste and other similar articles. At the end of each four-week period, an itemized statement of the patient's personal account will be furnished you.

As patients progress, they assume increasing responsibilities and more freedom. On reaching the convalescent period, patients will be given a personal budget, and will have the responsibility for their own personal expenses. For example, sundries, meals and entertainment away from the hospital, trips into town, phone calls, etc.

All forms of entertainment provided for the patient's recreation and the various forms of occupational instruction which he will receive to develop his interests are included in his care and treatment without additional charge except for the cost of the materials used, plus ten percent. It is the policy of the hospital to keep the expenses to the family at a minimum consistent with adequate care and treatment. We give only one type of service, the best possible.
VALUES

A patient's relative, at the time of the patient's admission, should assume the custody of as many of his valuables as possible, although the hospital will provide reasonable care for valuables in the building but will assume no responsibility for same or change.

THE CONVALESCENT PERIOD

As a patient gets better, he is moved from the admission hall through various groups and graduations of patients until he arrives at the convalescent hall where he enters by degrees the responsibilities of normal life, with a minimum of supervision. His life is less regulated and he becomes more responsible for his own actions. One of his earliest privileges enables him to walk about the hospital grounds unaccompanied by nursing personnel. With advancing convalescence, the patient may be allowed to go to the adjoining town (towns) or to the city (city). The convalescent period is a very important time in the mentally ill patient's career and the family and friends should be very careful not to expect too much of him at that time, but give him plenty of time to recuperate in the hospital, and under rigid supervision before he goes back to his normal way of life. Therefore the patient must go back into the environment in which he became ill. If possible, it is usually best to permit trial visits away from the hospital with relatives and friends, to see how much of a chance these visits put upon the patient and what degree of stability he has achieved. Your cooperation with the doctor in planning these visits for the patient can be very helpful in hastening the patient's recovery.

THE PATIENT AND HIS IDEAS ARISING FROM TREATMENT

There are different forms of mental illness and different conditions of the same illness. For that reason, the care and treatment of each patient must be modified to meet his particular needs. In other words, similar procedures cannot be applied because sick people are as different from each other as well people. A very ill patient upon admission to the hospital obviously cannot accept the responsi-
In the following pages, you will find half answers to many questions which will naturally come up during the course of the procedure of admitting a patient to this hospital. We suggest that you keep this little booklet at hand and if you have it or dispose of it, let us know and we will be glad to send you another. By becoming thoroughly familiar with this booklet, we think it will be of benefit to you in helping the patient in whom you are interested to become well again, an accomplishment which rests in a large measure upon the united efforts not only of the hospital, but of the patient and of you.

HOSPITAL ADDRESS AND TELEPHONE NUMBERS

Mail for patients may be addressed to them at The Sheppard and Enoch Pratt Hospital, Towson, Maryland 21204, or to Post Office Box No. 8316, Towson, Maryland 21204. Send your mail for the patient direct and not to an individual doctor unless you want his opinion as to whether or not it should be given to the patient. In addressing letters to the hospital, it is always best to address the correspondence to the Medical Director.

[Address information]

The grounds are most easily reached by taking the Patrick Street Line of the Baltimore & Ohio Railroad, and getting off at the Carrollton Station. From there, walk west along the officers' road towards the hospital, which is about a mile distant, and follow the arrows on the officers' road.
The telephone number is Valley 3-2560 (Area Code 301).

To the relatives of patients coming from a distance of over fifty miles or thereabouts from the hospital, a weekly letter is sent giving a general report of the patient's condition. At the end of our observation period, when our study is completed, an abstract of the record of the patient is sent to the family physician or to the referring physician, if requested.

**VISITING DAYS**

Visiting days in the A and B Buildings are Tuesday, Thursday and Saturday from two to four in the afternoon. The number of visitors is restricted to two at a time for each patient. Special visiting privileges are given only to relatives of seriously ill patients or to visitors who have come from a considerable distance, and in either case, prior arrangements should always be made. No visitors are allowed without a visiting permit even though they may accidentally meet their relatives on the lawn. It is also generally advised that there be no visiting for the first two weeks following the patient's admission. Arrangements for children under fourteen to visit must be made with the patient's physician. Patients in the Chaplain Building may be visited daily from two to four in the afternoon if prior arrangements are made. Provisions for Sunday visiting can be made through advanced arrangement with the physician-in-charge.

**INTERVIEWS WITH PHYSICIANS**

It is highly desirable that the patient's family keep in close communication with the patient's physician. It is essential, however, that in arranging for interviews with the physician that appointments be made in advance.

**TELEPHONE INFORMATION**

The best time for telephone inquiries regarding patients is during the visiting hours, at which time a physician will be at his desk and will answer all calls. At other times physicians are busy with
professional duties and are not within easy reach. Telephone communications cannot be made to patients or nurses. Nurses and other employees are not permitted to transmit information about their patients to relatives or friends. This is strictly a medical function. The use of telephones by patients is permitted only in exceptional instances.

CLOTHING REQUIREMENTS

Reasonable care will be exercised in caring for patients' clothing, but the hospital does not assume responsibility for loss or destruction or clothing or for its replacement.

Each patient will require clothing necessary for a two-week period, as the hospital laundry requires one week for return. Dry cleaning can be arranged for by the hospital.

Clothing suggestions for men patients. (Our patients were the type of clothing to which they have been accustomed.)

- 1 pair of rubbers or galoshes
- 2 suits of clothing
- 6 top shirts and collars
- 6 underdrawers
- 6 underdrawers or union suits
- 10 pairs of socks
- 2 pairs of shoes
- 1 hat or cap (according to season)
- 1 top coat (according to season)
- 1 pair of gloves (according to season)

These are suggested as the minimum needs. It gives the patient sufficient to wear in addition to caring for laundry needs. Laundry is returned once a week. Do not bring shaving supplies as patients are cared for in the barber shop.

[13]
OTHER CLOTHING THAT IS USABLE

Sport clothing  Sweaters  Extra shoes

Clothing suggestions for women patients. (Our patients wear the type of clothing to which they have been accustomed.)

6 pairs of panties
6 brassieres
1 girdle (without stays) if patient is accustomed to it
4 slips
6 pairs of hose
6 wash dresses
1 afternoon dress
1 pair of walking shoes
1 pair of dress shoes
1 pair of soft-soled bedroom slippers
1 pair of rubbers or galoshes (to fit walking shoes)
1 sweater or light wrap
1 hat
1 pair of gloves

1 coat (according to season)
6 simply designed, washable nightgowns (whatever weight patient is used to)
or
6 pairs of pajamas
1 bathrobe or housecoat
(If patient wears dentures or glasses, send with patient.)

NECESSARY SUNDRIES

1 comb and wooden or plastic hairbrush
1 toothbrush
1 toothpaste
12 to 18 handkerchiefs
1 sanitary belt without metal hooks

Cosmetics

Powder, rouge and lipstick only

These are suggested as the minimum needs. It gives the patient sufficient to wear in addition to caring for laundry needs. Laundry is returned once a week. The hospital provides beauty shop facilities where patients may have services with rates similar to those in the usual shop.

[14]
# THE SHEPPARD & ENOCH PRATT HOSPITAL

## DAILY REPORT OF THE MEDICAL DIRECTOR

### FOR THE TWENTY-FOUR HOURS ENDING 5 P.M.

<table>
<thead>
<tr>
<th>Register No.</th>
<th>Name and Residence</th>
<th>Bondsman</th>
<th>Date</th>
<th>Rate</th>
<th>Bill Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Patients Admitted

<table>
<thead>
<tr>
<th>Name</th>
<th>Remarks</th>
<th>Patients Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>In Hospital 0</td>
</tr>
</tbody>
</table>

### Patients Discharged

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Name</th>
</tr>
</thead>
</table>

### On Parole

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
The Sheppard and Enoch Pratt Hospital

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted</td>
<td>19</td>
</tr>
<tr>
<td>Location</td>
<td>M.</td>
</tr>
<tr>
<td>By Dr.</td>
<td>Hall:</td>
</tr>
<tr>
<td>Paroled</td>
<td></td>
</tr>
<tr>
<td>Returned from parole</td>
<td></td>
</tr>
<tr>
<td>Discharged</td>
<td></td>
</tr>
<tr>
<td>Result</td>
<td></td>
</tr>
<tr>
<td>Time under care</td>
<td></td>
</tr>
<tr>
<td>Transferred to</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>U. S. Armed Forces:</td>
<td></td>
</tr>
<tr>
<td>Soc. Sec. No.</td>
<td></td>
</tr>
<tr>
<td>Use of Alcohol</td>
<td></td>
</tr>
<tr>
<td>Write weekly letter: Yes</td>
<td>No</td>
</tr>
<tr>
<td>Correspond with and telegraph to:</td>
<td>(Name)</td>
</tr>
<tr>
<td>Address</td>
<td>(For Alternate Correspondent see reverse side)</td>
</tr>
<tr>
<td>Home Telephone</td>
<td></td>
</tr>
<tr>
<td>Business Telephone</td>
<td></td>
</tr>
<tr>
<td>Medical certificate of</td>
<td></td>
</tr>
<tr>
<td>Brought to hospital by (Name &amp; Relationship):</td>
<td></td>
</tr>
<tr>
<td>Referred Physician (address):</td>
<td></td>
</tr>
<tr>
<td>Referred by (address):</td>
<td></td>
</tr>
<tr>
<td>No. of Attack</td>
<td>No. of Admissions to Sheppard</td>
</tr>
<tr>
<td>If transferred, from where:</td>
<td></td>
</tr>
<tr>
<td>Previous attacks: If treated in hospitals, where and when (indicate if treated in out-patient department) (name &amp; location of hospitals):</td>
<td></td>
</tr>
<tr>
<td>Present attack (dates, atiological factors, symptoms, etc.):</td>
<td></td>
</tr>
<tr>
<td>Name of Spouse</td>
<td>Age</td>
</tr>
<tr>
<td>First &amp; Maiden name of Mother</td>
<td></td>
</tr>
<tr>
<td>Name of Father</td>
<td>Place of Birth</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Provisional</td>
</tr>
</tbody>
</table>
DR.  

CASE  

THE SHEPPARD & ENOCH PRATT HOSPITAL  
Admission Slip  

Date: 19  
Hour: A. M.  

A M  

Name:  

PRINT FULL NAME  

Address:  

Age: M. F.  
Religion:  
Hall:  

Tub Bath:  
Bed Bath:  

Dist:  

Suicidal:  
Escape Problem:  
Depressed:  

Intoxicated: Alcohol  
Barbiturates  
Confused:  

Fearful:  
Destructive:  
Assaultive:  

Admitted by:  

M. D.  

To be filled in by Nurse  

Temp:  
Pulse:  
Resp:  

Weight:  
Height:  

Color of Eyes:  
Color of Hair:  

Condition of Body:  

Nurse in Charge  

DO NOT WRITE BELOW THIS LINE  

THIS SPACE RESERVED FOR PAROLE AND DISCHARGE SLIPS
Request for Voluntary Admission

I hereby voluntarily apply for admission to the Sheppard and Enoch Pratt Hospital for care and treatment and I agree to abide by the rules and regulations of the institution and the detention thereby enforced, and especially to give, in writing, at least three days' notice of my desire to leave the hospital.

Signed

Witness

Dated

19

SECTION 35 OF ARTICLE 59 OF THE CODE OF THE STATE OF MARYLAND

The medical superintendent or chief officer of any institution, hospital, home or retreat for the insane, except almshouses, may receive and detain therein for purposes of care and treatment at the expense of such person, or the expense of his relatives or friends, any person who is desirous of submitting himself for treatment and makes application therefore in writing. No such person shall be detained for more than three days after having given notice of his or her desire and intention to leave such institution, unless such person shall in the meantime have been legally committed upon and after due notice to him or her on the request of his or her relatives or friends, in accordance with Section 30 of this act regulating the commitment and detention of the insane in hospitals and asylums, nor shall any person be received or detained as a voluntary patient whose mental condition is such, or becomes such, that such person cannot comprehend the act of voluntary commitment, or be able to request his or her discharge or give continuous assent to detention. Every such voluntary patient so admitted shall be reported to the Department of Mental Hygiene as provided in cases legally committed, and shall be further reported to the Department of Mental Hygiene with a statement of the mental condition of the said person at the end of each three months of said patient's residence in the institution to which he or she has requested admission and when discharged therefrom. A copy of the section shall be read or exhibited to every person requesting admission to any institution in accordance with its provisions.
The Sheppard and Enoch Pratt Hospital
Towson 4, Md.

R. W. Gibson, M. D.
Medical Director

H. M. Murdock, M. D., Administrator

Please address communications concerning patients to Medical Director

DATE

I, ____________________________, hereby request the Superintendant of The Sheppard and Enoch Pratt Hospital to admit as a patient my __________________________.

________________________________________

(signed)

Witness __________________________
THE SHEPPARD & Enoch Pratt Hospital  
TOWSON 4, MARYLAND  

Permission for Medical Certification

____________________, 19____________________

I, ___________________________ herewith
give permission to the authorities of the Sheppard and Enoch Pratt Hospital
to obtain at their discretion two medical certificates in the case of
my ___________________________ (Relationship)

M. ___________________________ (Name of Patient)

for the purpose of legally detaining the above named patient in The Sheppard
and Enoch Pratt Hospital.

It is understood that the above certification does not declare the
patient incompetent, does not prevent the removal of the patient from the
hospital and is only in force so long as the patient is under the care of the
above named hospital.

Signed: ___________________________________

Witness: ___________________________________
THE SHEPPARD AND ENOCH PRATT HOSPITAL

Patient's name: ___________________________ Case Number: ___________________________

I. With whom shall we communicate regarding clothing?  
(Name)  
(Relationship)  

(Address)  

(Home Telephone)  
(Business Telephone)  

II. Have we your permission to arrange to store unseasonable coats and suits in Baltimore when need arises?  

III. To whom shall the remainder of unseasonable or unnecessary clothing be sent?  
(Name)  
(Relationship)  

(Address)  

IV. Have we permission to have the patient's clothing dry cleaned or altered as is necessary?  
(All ordinary laundering of clothing is taken care of by hospital)  

V. We can often make a better and more prompt selection of wearing apparel than relatives who live at a distance.  
Have we permission to purchase clothing as the patient is in need of it?  
If this permission is not granted, may we at least purchase shoes and soft soled bedroom slippers, should the necessity arise?  

VI. When patient's clothing becomes torn, worn out, or otherwise rendered unfit for use, may we discard such clothing?  

VII. May the patient receive all incoming mail?  

VIII. May all mail written by the patient be sent as addressed?  
If not, to whom shall it be sent?  
(Name of mail correspondent)  
(Relationship)  

(Address)  

IX. May we have your authorization for the patient to visit away from the hospital grounds at our discretion?  

Dated ________________________________  
Signed ________________________________  
(Name)  
(Relationship)  

* There are no facilities in the hospital for storing clothing, except those articles in use by patient. It is more economical in most cases to send unseasonable coats and suits home than it is to have them stored in Baltimore. There each article is charged for separately.

(Use reverse side for any additional information)
HOLD HARMLESS AGREEMENT

The undersigned agree to be responsible for and protect, indemnify and save harmless The Trustees of The Sheppard and Enoch Pratt Hospital, its agents, servants, and employees, from and against any and all claims, causes of action, or payments whether or not resulting from negligence on the part of The Trustees of The Sheppard and Enoch Pratt Hospital, its agents, servants, and employees, by reason of damage to, or loss of, personal property in the custody of the patient, and the undersigned hereby agree(s) that such property shall be retained at the risk of the patient.

Name of Patient __________________________

(Signed) Responsible Relative ____________________

Witness ___________________________
<table>
<thead>
<tr>
<th>Blood</th>
<th>Urine</th>
<th>Spinal Fluid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb</td>
<td>Appearance</td>
<td>Appearance</td>
</tr>
<tr>
<td>R. B. C.</td>
<td>Color</td>
<td>Cell Count</td>
</tr>
<tr>
<td>W. B. C.</td>
<td>Reaction</td>
<td>Globulin</td>
</tr>
<tr>
<td>Differential</td>
<td>Specific Gravity</td>
<td>Sugar</td>
</tr>
<tr>
<td>Neutrophils</td>
<td>Albumin</td>
<td>S. T. S.</td>
</tr>
<tr>
<td>Eosinophils</td>
<td>Sugar</td>
<td>Total Protein</td>
</tr>
<tr>
<td>Eosinophils</td>
<td>Occult Blood</td>
<td>Cellulose Gold</td>
</tr>
<tr>
<td>Lymphocytes</td>
<td>Acetone</td>
<td>Bromide</td>
</tr>
<tr>
<td>Monocytes</td>
<td>Dinitro Acid</td>
<td>Borbitalates</td>
</tr>
<tr>
<td>Isotonic Index</td>
<td>Bilirubin</td>
<td></td>
</tr>
<tr>
<td>Sedimentation Rate</td>
<td>Bilirubin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Microscopic W. B. C.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>R. B. C.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urea</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Creatinina</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Creatin in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sugar</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urea</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bicarbonates</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Calcium</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phosphorus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Borbitalates</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Detailed reports not appearing here are on back of slip.

Requested by ____________________________
X-RAY CONSULTATION REPORT
DEPARTMENT OF RADIOLOGY

Age  Sex  Race  Patient's Physician

Previous X-Ray at GBMC  Date Examination Requested

□ Yes □ No

X-RAY REPORT – THIS AREA TO BE FILLED IN BY DEPT. OF RADIOLOGY ONLY

(THESE FORM HAS ORIGINAL + THREE COPIES)

THIS AREA TO BE COMPLETED BY REQUESTING PHYSICIAN
CLINICAL FINDINGS AND PROVISIONAL DIAGNOSIS:

Can this patient walk? □ Yes □ No  Can this patient stand? □ Yes □ No

X-RAY EXAMINATION REQUESTED:

□ ABDOMEN  □ I.V. PYELOGRAM
□ BARIUM ENEMA  □ LUMBAR SPINE
□ CERVICAL SPINE  □ MASTOIDS
□ CHEST, ROUTINE  □ SINUSES
□ CHOLECYSTOGRAM  □ SKULL
□ GASTRODUODENAL  □ THORACIC SPINE

Other: (Specify)

REQUESTED BY: ____________________________  M.D.

X-RAY CONSULTATION REPORT
MEDICAL RECORDS
<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE AND TIME STATED</th>
<th>DATE ENDED</th>
<th>ORDER</th>
<th>PHYSICIANS SIGNATURE</th>
<th>NURSES SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DATE AND TIME STAPLED</td>
<td>DATE ENDED</td>
<td>ORDER</td>
<td>CASE NUMBER</td>
<td>PHYSICIANS SIGNATURE</td>
<td>NURSES SIGNATURE</td>
</tr>
<tr>
<td>-----------------------</td>
<td>------------</td>
<td>-------</td>
<td>-------------</td>
<td>----------------------</td>
<td>------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Name of person whom we are requesting information

This is your authorization to release to

Sheppard & Enoch Pratt Hospital     Towson, Maryland

any information which you may have on ______________________

SIGNED ______________________

RELATIONSHIP ______________________

DATE ______________________

WITNESS ______________________
Agreement

In consideration of being admitted by the Sheppard & Enoch Pratt Hospital, as a patient for care and treatment, we, the undersigned, do jointly and severally, promise to pay to the Trustees of the Sheppard & Enoch Pratt Hospital (a corporation of the State of Maryland) dollars per week for board, maintenance and treatment of said patient, payable always four weeks in advance (a proportionate refund, however, to be made, in the event of the patient's death or removal from the hospital, of maintenance paid in advance less any charges that the hospital may have against the patient's account);

and to continue said payments promptly in advance; as also to pay promptly on demand any balance that may be due when the said patient shall leave the hospital. It is also understood by us that fees for such laboratory examinations as may be deemed necessary and for the service of the oculist, dentist, surgeon or such other specialist as may in the opinion of the Medical Director be required for the said patient are not included in the rate above set and will be paid by us promptly when bill is submitted.

Said rate may be changed at any time by the Trustees or the Medical Director on two weeks' notice to the undersigned.

And we do further promise and agree to provide and supply the said patient with all requisite clothing and other things deemed by the Medical Director necessary or proper for the comfort of said patient; and to pay for all furniture and other property that may be broken or injured by said patient; and, especially to remove said patient from the hospital promptly when requested to do so by said corporation or Medical Director—or failing to do so, promptly to pay to the hospital any expenses which may have been incurred in sending the patient to friends or elsewhere.

It is hereby agreed upon, that the said corporation admits the said patient with the understanding that it reserves the right at any time discharge said patient for any reason that may be satisfactory to the Medical Director; and that the location of the patient in the hospital and the attention and treatment given are matters of medical judgment and entirely within the discretion of the Medical Director. It is also understood and agreed by us that we are jointly and severally primarily liable hereunder and no demand or claim against the patient or the patient's estate, for the amount due, and no attempt to collect therefrom, need be made to render us, or either of us liable hereunder.

As witness our hands and seals this day of , 19....

Witness to 1st signature:


Witness to 2nd signature:


Send bills to:
INSURANCE AGREEMENT

I/We, the undersigned, do hereby request the below named insurance company(s) to directly reimburse the Sheppard and Enoch Pratt Hospital for the appropriate amount due upon presentation of the proper claim form(s) and invoice statement(s).

<table>
<thead>
<tr>
<th>Insurance Company(s)</th>
<th>(Name)</th>
<th>(City and State)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Signature of person(s) holding insurance)
INSURANCE DATA

PATIENT'S NAME: ____________________________

Last   First   Middle

(Br. ) (Mr. ) (Mrs. ) (Miss) AGE: ______

BIRTHDATE: ________________

Month   Day   Year

ADMISSION DATE: ____________________________

Month   Day   Year

196

ADMISSION DIAGNOSIS: ___________________________________________

DATE OF ONSET: ________________________________________________

EMPLOYER: ____________________________________________________

INSURANCE COMPANY: (1) _______________________________________

POLICY NO. ______

ADDRESS: _____________________________________________________

INSURANCE COMPANY: (2) _______________________________________

POLICY NO. ______

ADDRESS: _____________________________________________________

SEND BILLS EACH _________ WEEKS

REMARKS: _____________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

RATE: _________________________________________________________

PAID AT TIME OF ADMISSION: _________________________________

WEE: __________________
9-30-66
"BLUE CARD"

Name:
Date of
Admission:
Attending
3 Physician:
Referring
3 Physician:
Family
Physician:
FRONT DESK

Name:
Address:
Date of Admission:
Therapist:
Religion:
Next of Kin:
OPERATOR

Name:
Date of Admission:
Therapist:
Hall No.
December 2, 1965

Re: W.I.N.C.H. Alex Janice June
825 N. Var Buren
Alexandria, Virginia

Date of Birth: Oct. 30, 1949

Principal
Marshall High School
Alexandria, Virginia

Dear Sir,

The above named patient is presently under my care. She has indicated to me that she was a student in your school approximately one year ago.

I am requesting the transcript of this student's records, which should be most helpful in the management of her care.

Your prompt cooperation will be greatly appreciated.

Sincerely yours,

Douglas A. Puryear, M.D.

DAP, ak
Re: JONES, Mrs. Sally Smith
1611 Sarasota Blvd.
Nashville, Tennessee

Date of Birth: Jan. 1, 1965

Dr. Morgan Greenberg
1401 N. 15th Street
Nashville, Tennessee

Dear Dr. Greenberg:

Your above named patient was admitted to this hospital on January 12, 1965.

A summary of your findings, treatment and diagnosis would be greatly appreciated.

Thank you for referring Mrs. Jones to us. Should you desire additional information on this patient, we shall be happy to furnish same.

Sincerely yours,

W. W. Elgin, M. D.
Assistant Medical Director

WWE: ak
Re: WEBER, Mr. Robert Joseph
2901 Shirey Avenue
Baltimore, Maryland

Date of Birth: Nov. 29, 1943

Maryland Training School for Boys
2800 Cub Hill Road
Baltimore, Maryland

Attention: Mr. Robert Adkin

Dear Sir:

The above named patient was admitted to this hospital on November 9, 1956. Admitting information indicates that Mr. Weber was under your care.

A summary of your findings, treatment and diagnosis would be most helpful in the management of this patient. Your prompt attention to this request would be appreciated.

Sincerely yours,

W. W. Elgin, M. D.
Assistant Medical Director

WWE;nk
Dear Sir:

We understand that the above named patient, who was admitted to this hospital on ____________________________ was under your care ____________________________

We would appreciate it very much if you would send us a resume of your findings, what treatment was given, diagnosis, results, etc.

Very truly yours,

W.H. Elyea, M.D.
Assistant Medical Director
INDIVIDUAL HOSPITAL INSURANCE FORM

Hospital Complete and Furnish Copy To

Name of Policyholder

Address

Name of Patient (if other than policyholder)

Date Admitted

Time Admitted

AM

PM

Date Discharged

Time Discharged

AM

PM

Other Insurance Indicated by Hospital Records. If YES, name of Company

☐ NO  ☐ YES

Complaint

Date of First Symptoms

Diagnosis from Records (if injury give date, place of accident)

Operations or Obstetrical Procedures Performed (Nature and Date)

HOSPITAL CHARGES (Complete this section or attach copy of itemized bill showing information below.)

<table>
<thead>
<tr>
<th>ROOM AND BOARD</th>
<th>TOTAL $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward</td>
<td>Days at $</td>
</tr>
<tr>
<td>Semi-Private</td>
<td>Days at $</td>
</tr>
<tr>
<td>Private</td>
<td>Days at $</td>
</tr>
<tr>
<td>Other</td>
<td>Days at $</td>
</tr>
</tbody>
</table>

OPERATING OR DELIVERY ROOM

- ANESTHESIA
- X-RAY
- LABORATORY
- EKG

PHYSICAL THERAPY

AMBULANCE

MEDICAL AND SURGICAL SUPPLIES

PHARMACY (Except Take Home Drugs)

INHALATION THERAPY

INTRAVENOUS DRESSING

TOTAL $

ADDRESS

SIGNED BY

TAKEN FROM RECORDS ON

AUTHORIZED TO RELEASE INFORMATION: I hereby authorize the above named hospital to release information requested on this form.

Date

Signed

Patient (Parent If a Minor)

AUTHORIZED TO PAY INSURANCE BENEFITS: I hereby authorize payment directly to the above named hospital of the Hospital benefits otherwise payable to me but not to exceed the hospital's regular charges for this period of hospitalization. I understand I am financially responsible to the hospital for charges not covered by this authorization.

Date

Signed

Policyholder

This form approved by the Health Insurance Council and accepted by the American Hospital Association for use by hospitals (See explanatory instructions).
<table>
<thead>
<tr>
<th>Test/Exam</th>
<th>19_</th>
<th>19_</th>
<th>19_</th>
<th>19_</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phys. Exam.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest X-ray</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oculist</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urine</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Counts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abstract</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C BUILDING: 2 Miss Hilliard 312
1 Mrs. Price
2 Miss Hilliard (for x-ray)
THE SHEPPARD & Enoch Pratt Hospital

NAME

DATE OF BIRTH

DATE OF ADM.

CORRESPONDENT

ADDRESS

(relation)

MAY HOSPITAL PURCHASE

MAY HOSPITAL DISCARD

MAY HOSPITAL STORE

MAIL OR PICK UP CLOTHING

(Marking Room)

Form 161
SOUTH, Mrs. Jane Doe
1535 Baltimore Ave.
Baltimore, Maryland

Date of Birth:
Date of Adm:
Impression:
Final Diagnosis:
SMITH, Dr. John B.
2201 Smith Ct
Alexandria, Va. 22301

[Signature]

$17,222 - BROWN, Miss Jane Rd. - Boston, Mass.
THE SHEPPARD & ENOCH PRATT HOSPITAL

NAME:

ADMITTED:

PAROLED:

RETURN FROM PAROLE:

DISCHARGED:

DIAGNOSIS:

(Diagnostic File)
<table>
<thead>
<tr>
<th>Name</th>
<th>Case No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
<td>Religion</td>
</tr>
<tr>
<td>Date of Admission</td>
<td>Color of Eyes</td>
</tr>
<tr>
<td>Color of Hair</td>
<td>Height</td>
</tr>
<tr>
<td>Identification Marks</td>
<td>Weight</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dentures</th>
<th>Glasses</th>
<th>Special Appliances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Precautions</td>
<td>Diagnosis</td>
<td></td>
</tr>
</tbody>
</table>

Important Accidents

---

---
<table>
<thead>
<tr>
<th>NO.</th>
<th>BUSINESS PHONE</th>
<th>PHONE</th>
<th>VOL.</th>
<th>COM.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>RESIDENCE</th>
<th>CORRESPONDENT</th>
<th>ADDRESS</th>
<th>BILLS TO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>111 So. Elias</td>
<td>123 G. Adams</td>
<td>100 San. Bell</td>
<td>1 Mrs. Taylor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADMITTED</th>
<th>DISCHARGED</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Social Issues</td>
<td>Rate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FINAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PAROLED</th>
<th>RTD. FROM PAROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
DESTINATION
AGE
PATIENT'S OCCUPATION
SPOUSE'S OCCUPATION
U. S. CITIZEN (?)
CIVIL CONDITION
RECEIVED FROM
ADMISSION OTHER HOSPITALS
REFERRING PHYSICIAN
FAMILY PHYSICIAN

THE SHEPPARD & ENOCH PRATT HOSPITAL
WELCOMING VISIT TO NEW ADMISSION

Name______________________________

Home Address__________________________
(town and state)

Visit Granted_______________________

Visit Denied_______________________

Date___________________________    ______________________ M.D.
ADMISSION CALL INTAKE FORM

Date____________________

1) Patient's Name:
   Address
   Telephone
   Age

2) Problem:

3) Referring Physician:
   Address
   Telephone

4) Called by:
   Relationship to patient
   Address
   Telephone Number

5) Person to complete pre-admission questionnaire:
   Relationship to patient
   Address
   Telephone

6) Disposition:

______________________________________

M.D.

Signature
At the present time, a certain amount of beds are vacant more or less as a "safety factor." This is not necessary if tight control is maintained by using a control chart.

EXPLANATION OF CHART:

Column (1) Capacity: the number of beds in the Hall.

(2) Census: entered each day from the Hall administrator's supervisor report.

(3) Pending transfer out, including leave: entered each day that the discharge recommendation report is filed. Recommendations for discharge/leave are assumed constant from day to day until a new report is filed.

(4) Pending discharge: derived from the same source as column (3).

(5) Total available beds: (columns 1+3+4-2) the capacity minus the census, plus any patients presently in the census, pending transfer out or discharge.

(6) Pending transfer in, including return from leave: patients entered as pending transfer out of a given Hall in column (3) will appear as a pending transfer in, in this column. Patients pending return from leave will also be entered.

(7) Pending admissions: entered from the log book of scheduled admissions.

(8) Net available beds: (columns 5-6-7) the total available beds minus beds already allocated to pending transfers or admissions. The beds available for assignment to new admissions not yet scheduled. The net available beds may be a negative figure if the Hall is full and there are admissions or transfers waiting.
<table>
<thead>
<tr>
<th>HALL</th>
<th>CAPACITY</th>
<th>CENSUS</th>
<th>PENDING TRANSFER OUT INCLUDING LEAVE</th>
<th>PENDING DISCHARGE</th>
<th>TOTAL AVAILABLE (1+3+4-2)</th>
<th>PENDING TRANSFER IN INCLUDING RETURN FROM LEAVE</th>
<th>PENDING ADMISSION PROMISED (7)</th>
<th>NET AVAILABLE (5-5-7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-2</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-3</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-4</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-1</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W-2</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-3</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-2</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-5</td>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B-5</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A-4</td>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S-1</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-1</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-2</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R-1</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W-1</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>261</td>
</tr>
</tbody>
</table>
DO NOT WRITE IN THESE SPACES (To be completed by Admitting Doctor):

Date of Admission ____________________ Time of Admission ____________________ (A.M.) (P.M.)

Submitted by Dr. ____________________ Hall assignment ____________________

Weekly letters: Yes No ____________________

Admitted at request of ____________________

Medical Certificate ____________________

Voluntary ____________________

If transferred, from where ____________________

Brought to hospital by (name and relationship) ____________________

Provisional Diagnosis (with APA Code number) ____________________

FOR ADMINISTRATIVE PURPOSES

On Leave ____________________

Return from Leave ____________________

Discharge Date ____________________

Type of Discharge ____________________

Result ____________________

Time under care ____________________

Transferred to ____________________

Final Diagnosis ____________________

APA Code ____________________
Pre-admission Form

2) Present Illness: (Dates, contributing factors, symptoms, etc.)

3) Pertinent Medical History: (Include all significant physical illnesses, operations, injuries and handicaps, past and present, and all similar medical information that we should be alerted to in order to extend the best medical care to the patient. Particular attention should be directed to recent use of medications or drugs, either as prescribed by a physician or used independently by the patient, and particularly if used unwisely or to excess; any known drug or other allergy; excessive use of alcohol; convulsive disorder; special diets, any physical condition recently or currently being investigated or treated; special precautions.)

If additional space is needed, please use reverse side of page.

Signature of person completing form

Relationship

Date
SECTION I

FINANCIAL DATA

Who is responsible for the bill? ____________________________
(that is, who will be signing the blue Financial Agreement?)
Relationship: __________________________________________

Address: ____________________________________________ Telephone Number: __________________

Occupation of person responsible for your bill: ____________________________

Name of his employer: ______________________________________

Address of his employer: ____________________________ Telephone Number: __________________

Do you have Blue Cross family coverage? __________ PLEASE BRING THE CARD WITH YOU.

Do you have other insurance? __________ If so, what is the name of the company? __________

BRING THE POLICY WITH YOU.

Can assignment of payments be arranged direct to the Hospital? __________

SECTION II (to be filled out by person responsible for bill)

Approximate Annual Income: ____________________________ Number of Dependent Children: __________

Others in family working: 1. ____________________________ Relationship: __________________

2. ____________________________ Relationship: __________________

3. ____________________________ Relationship: __________________

Name & Address of Employers: 1. ____________________________

2. ____________________________

3. ____________________________

Annual Earnings: 1. ____________________________

2. ____________________________

3. ____________________________

Do you own your home? __________ Monthly mortgage payments: __________________

Monthly rent: __________ Do you own your car? __________

Other Bills: 1. ____________________________

2. ____________________________

3. ____________________________

If you are divorced or separated from husband:

Monthly alimony payments: __________________

Amount received for care of children: __________________

BANKS:

(name) ____________________________ (city) ____________________________

(name) ____________________________

Savings: __________ Checking: __________
EXPLANATORY LETTER

Dear _______________________

It is my understanding that you and your (son/wife) ___________________________
(name) ______________________ will arrive at Sheppard Pratt Hospital at
_____ p. m. on _____ (day) _____ (month) _____ (date) _____.

I have made arrangements with Dr. ______________________, one of our staff
psychiatrists, to meet you upon your arrival and I hope to be available
also. When you arrive at Sheppard, please inform the office of your pres-
ence.

Enclosed are some booklets and forms which we feel will help acquaint
you with the Hospital and will also help the Hospital become better ac-
quainted with you. The self-addressed envelope is for the Preadmission
Questionnaire, which we have asked you to fill out and return.

The blue Financial Agreement is the one referred to on page 8 of the
Booklet of Information.

We sincerely hope that these booklets will help you during this time
of concern and please do not hesitate to call on me if I can be of further
assistance.

Sincerely yours,

W. D. ELGIN
Assistant Medical Director

Note: Example Only - Dr. Abramson to prepare final draft.

Items in parentheses are for typists use only and will not appear
in final form.