ASYLUM PATIENT RECORD

This prop is based on actual vintage hospital paperwork.

Enter information at top of form using built-in Acrobat form fields (or delete default entries and print prop "blank", and enter info using a real typewriter or by hand).

Print the following page on any kind of paper you want. Enter treatments, remarks, notes, and signatures by hand. Use a rubber stamp for the dates, if possible.

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Questions? Ask them. andrew@ahleman.com

PATIENT PROGRESS RECORD Sefton Asylum

PATIENT'S	NAME:				
DATE OF BIRTH:		SEX: HT:	W T:	COLOR:	
ADMITTED):	DISCHARGED:			
NEXT OF H	<1N:				
ADDRESS:					
DOCTOR: .					
ASSISTAN ⁻	Т:				
MONTH	YEAR	TREATMENT		REMARKS	
NOTES:		<u> </u>			

SIGNED:_____