

Place ----- Signature of Examiner -----

Date -----, 191-----, U. S. Army.

STATISTICAL DATA CARD

Accompanying diseases

Surname Christian name

Rank Company Regiment or staff corps

Diagnosis

Nervous disease or injury -----

Psychoneurosis -----

Psychosis -----

Inebriety -----

Mental deficiency -----

Constitutional psychopathic state -----

In line of duty? -----

Date of injury or onset of disease -----, 191-----

Reason for examination

By whom referred? -----

Place and date of examination

Age Race Nativity

----- yrs. ----- mos. -----

Single Married Widowed Divorced

Legal residence

Education

None. Grades ----- High School ----- College -----

Home environment Economic condition
Urban Rural Marginal Comfortable

Previous occupation

Arms of service Army service Rank Years Months

(In U. S., P. I., Europe, or elsewhere (specify), with time in each)

(OVER)

Wounds in engagements, with dates

Injuries not received in engagements, with dates

Diseases during army life, with dates and lengths of time in hospital

Diseases previous to admission to Army

Mental or nervous -----

Veneral -----

Others -----

Abstinent Alcoholic habits Moderate Intemperate

Family history

Of mental diseases -----

Of nervous diseases -----

Of inebriety -----

Of mental deficiency -----

Other etiological factors

Recommendation of examiner

Disposition, with date

Name and station of examiner

Name ----- U. S. Army.

Station -----

FORM 90
MEDICAL DEPARTMENT, U. S. A.
(Authorized Sept. 19, 1917.)

(OVER)

FORM 91
 MEDICAL DEPARTMENT, U. S. A.
 (Authorized Sept. 19, 1917.)

REPORT OF COMPLETED NEUROLOGICAL AND PSYCHIATRIC EXAMINATIONS

At _____ From _____, 191 , to _____, 191

Submitted by _____, Examiner

Command, and organizations examined _____

Rank	Strength of command	Number examined	Number treated in hospital or dispensary	Diagnoses								Disposition of Cases					
				Total	Nervous disease or injury	Psychoneurosis	Psychosis	Inebriety		Mental deficiency	Constitutional psychopathic state	Recommended for discharge	Recommended for special treatment	Otherwise disposed of			
								Alcoholic	Drug								
Commissioned officers
Enlisted men
Members of classes, officers' training camp
Applicants for enlistment
Total

Remarks:

Signature _____

Date _____, 191 _____, U. S. Army