

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

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

STATISTICAL DATA CARD

Surname Christian name

Rank Company Regiment or staff corps

Diagnosis

Nervous disease or injury -----

Psychoneurosis -----

Psychois -----

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)

Accompanying diseases

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.)

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 hos- pital or dispensary	Diagnoses							Disposition of Cases							
				Total	Nervous disease or injury	Psychoneurosis	Psychosis	Inebriety		Mental def- iciency	Constitutional psychopathic state	Recommended for discharge	Recommended for special treatment	Otherwise dis- posed of				
								Alcoholic	Drug									
Commissioned officers .....																		
Enlisted men .....																		
Members of classes, officers' training camp .....																		
Applicants for enlistment .....																		
Total .....																		

Remarks:

Signature .....

Date \_\_\_\_\_, 191\_\_\_\_, U. S. Army