



**WHILE COMBATING THE FORCES OF THE MYTHOS, INVESTIGATORS ARE OFTEN EXPOSED** to hideous horror and blasphemous secrets that drive them into the embrace of insanity. If they continue on their perilous path, they may eventually be defeated either through total insanity or death. In either case, they generate a large paper trail which others can follow. An admission form to a local sanitarium can spark an investigation into the life of a deceased inmate, and lead the seeker into realms of unearthly evil. This supplement is meant to aid the keeper in the creation of such clues for the investigator. Forms include a death certificate (good for any death that occurs in Massachusetts), a psychological profile, a police fingerprint form (for when the investigators run afoul of the law), and even a few singularly suggestive ink blots. These documents are all centered around Arkham Sanitarium and the related businesses and institutions in the small town of Arkham, Massachusetts.

Most forms that deal with Arkham Sanitarium are self-explanatory in their function, but are described in brief below.

The **Inpatient Admission** form is used for those who walk in from the street as well as those committed to the sanitarium by the court (check the appropriate box). The difference is that voluntary patients may leave whenever they want, and those who were committed are released on the doctors' orders only.

The **Psychological Profile** is the doctor's opinions of the investigators' ravings of otherworldly horrors. The **Ink Blots** may be attached to the form, and may have additional comments written on the reverse side. Additional sheets of regular notebook paper may be used for lengthy explanations and case histories.

The **Patient Record** is recorded by nurses. Depending on the severity of the condition, a new entry may be made as often as every quarter hour. These forms would normally be clipped to a board and attached to the bed, but they are now kept at the nurse's station since many patients became distressed after reading the form.

A **Patient Transfer** form is kept on file when someone is transferred to or from the sanitarium. In the case of people being transferred to the sanitarium, Arkham Sanitarium is listed as the receiving facility. Patients may be transferred from the Larkin Institute or even St. Mary's Teaching Hospital.

**Visitor Registration** forms are kept at the receptionist's desk and everyone who walks in must sign the document. They should also surrender any weapons, but the sanitarium staff assume that most visitors are polite enough not to carry guns around. Anybody who uses a gun will be pursued by the police.

The **Invoice** is the bill the players get after being "cured." This kind of attention isn't free, you know, and they did use money back then. The sanitarium charges \$110 per month normally, but additional charges may accrue if special treatments are required.

The **Sanitarium Letterheads** are used for all official correspondence. The regular letterhead is used for official sanitarium business, while the "angel letterhead" is given only to the patients. The happy pictures keep them from getting too excited, although some see disturbing imagery in the sun graphic (say, like Azathoth). Dr. Dunbar and Dr. Harcourt do not have their own stationery, and will attach their cards if needed.

Other documents are more peripheral to the operation of the sanitarium, but could pose some relevance: court reports may be included in a patient file; the police record fingerprints if the person committed a crime while insane; the lawyers of Arkham may write letters demanding the release (or incarceration) of their clients; and dental records would also be kept on file.

Arkham is described in great detail in **The Compact Arkham Unveiled**, but some explanation of the more prominent businesses and individuals is included here.

The **Larkin Institute** is a small private sanitarium that takes its clients from the wealthy populace of Arkham, charging \$220.00 a month. Their facilities are very comfortable, but they often give patients with real problems to Arkham Sanitarium. The Larkin Institute would use the patient transfer form as well as the Institute letterhead.

**G. R. Feldman** is the town dentist and keeps the records of citizens on hand. Even in the 1920s, dental records were used to identify corpses, and Arkham has had its share of unknown bodies found floating down the Miskatonic River. Feldman uses the dental chart and has a card.

**Dr. Ephraim Sprague** is the local town physician and also acts as the Essex County medical examiner when the real county coroner is too busy or otherwise unavailable. Sprague has his own card, and would be the one to fill out the death certificate.

**Lt. Ray Stuckey** is the local cop-on-the-take, and may antagonize the investigators in many confrontations. He has a card of his own but won't necessarily fill out the fingerprint form; there are other cops for that. All police records will also have a copy at the city courthouse, usually within a day or two of the arrest.

**Saltonstall, Chambers** and **Cassidy** are the core of Arkham's meager legal community. Saltonstall is an old gentleman snob who is close with the local municipal judge. Chambers would be called an "ambulance chaser" if he were alive today, defending the bootleggers with unusual fervor. Cassidy is the promising young attorney from New York, here to make a name for himself. Cassidy has made enemies of both Saltonstall and the municipal judge Keezar Randall. All three of them have their own letterheads and business cards.

Other Chaosium publications that may prove helpful are **Taint of Madness** and **The Compact Arkham Unveiled**. **Taint of Madness** expands the insanities and treatments available to investigators as well as legal recourse, and **The Compact Arkham Unveiled** details the town of Arkham, describing the movers and shakers of the quaint New England town.

## Arkham Sanitarium

A set of player aids for use with  
*Call of Cthulhu*®

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Edited by Elaine Fuller and Janice Sellers.

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# Arkham Sanitarium INPATIENT ADMISSION FORM

Patient's Name: \_\_\_\_\_ Room No.: \_\_\_\_\_  
 Usual Address: \_\_\_\_\_  
 Usual Occupation: \_\_\_\_\_  
 Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
 Next of Kin: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_

History of current condition:  
  
 If paperwork from psychological interview is available, please attach copy to this form.

Diagnosis of condition:

History of previous conditions, injuries and medications:

### CONDITION ON ADMISSION

Blood Pressure	Pulse	Temperature	Respiratory Rate
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Initial diagnostic impressions:

### LIST ALL DIAGNOSTIC STUDIES DONE *(X-rays, blood tests, etc. and all results)*

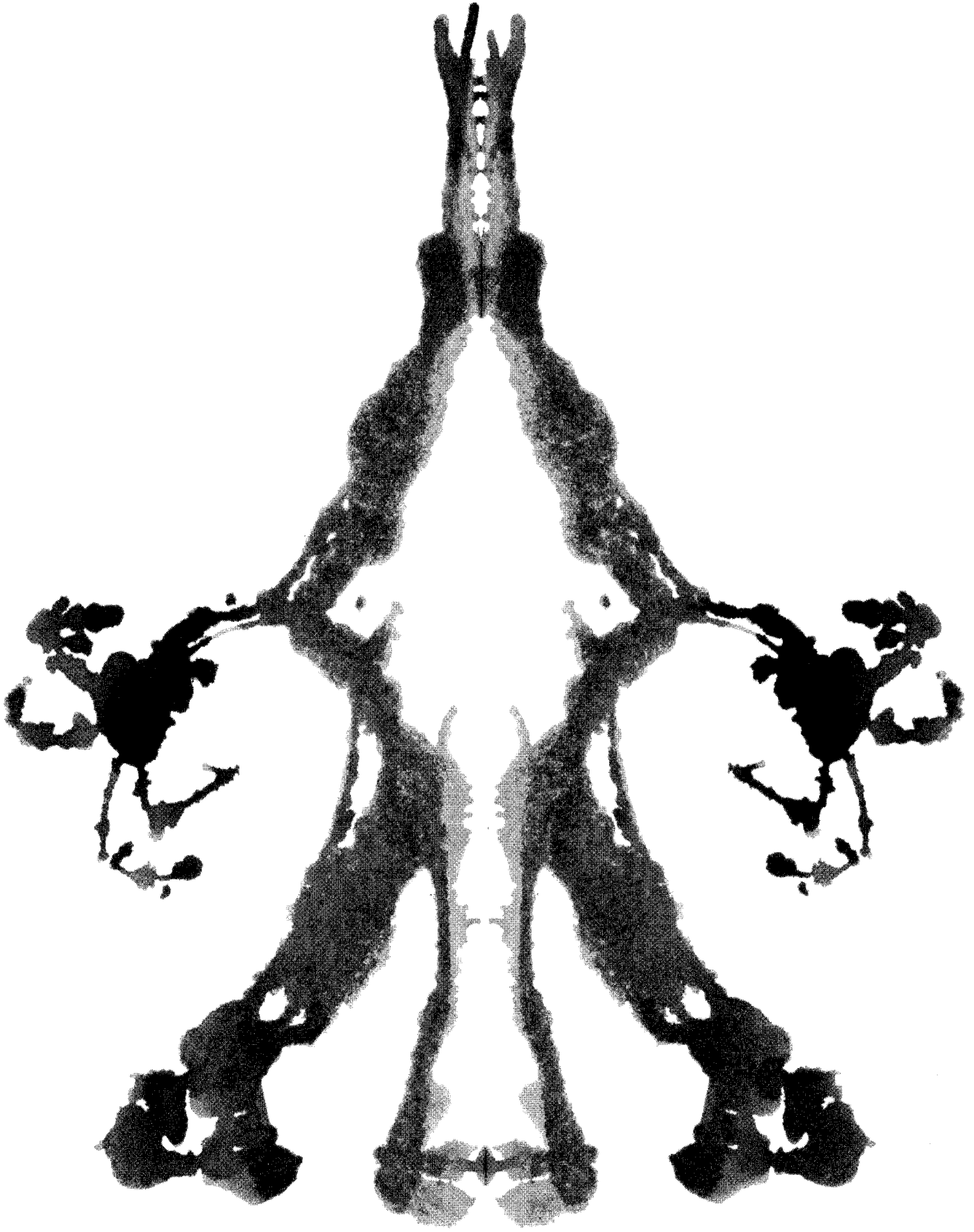
### PLANNED TREATMENT FOR PATIENT *(List medications, therapy plans, etc.)*

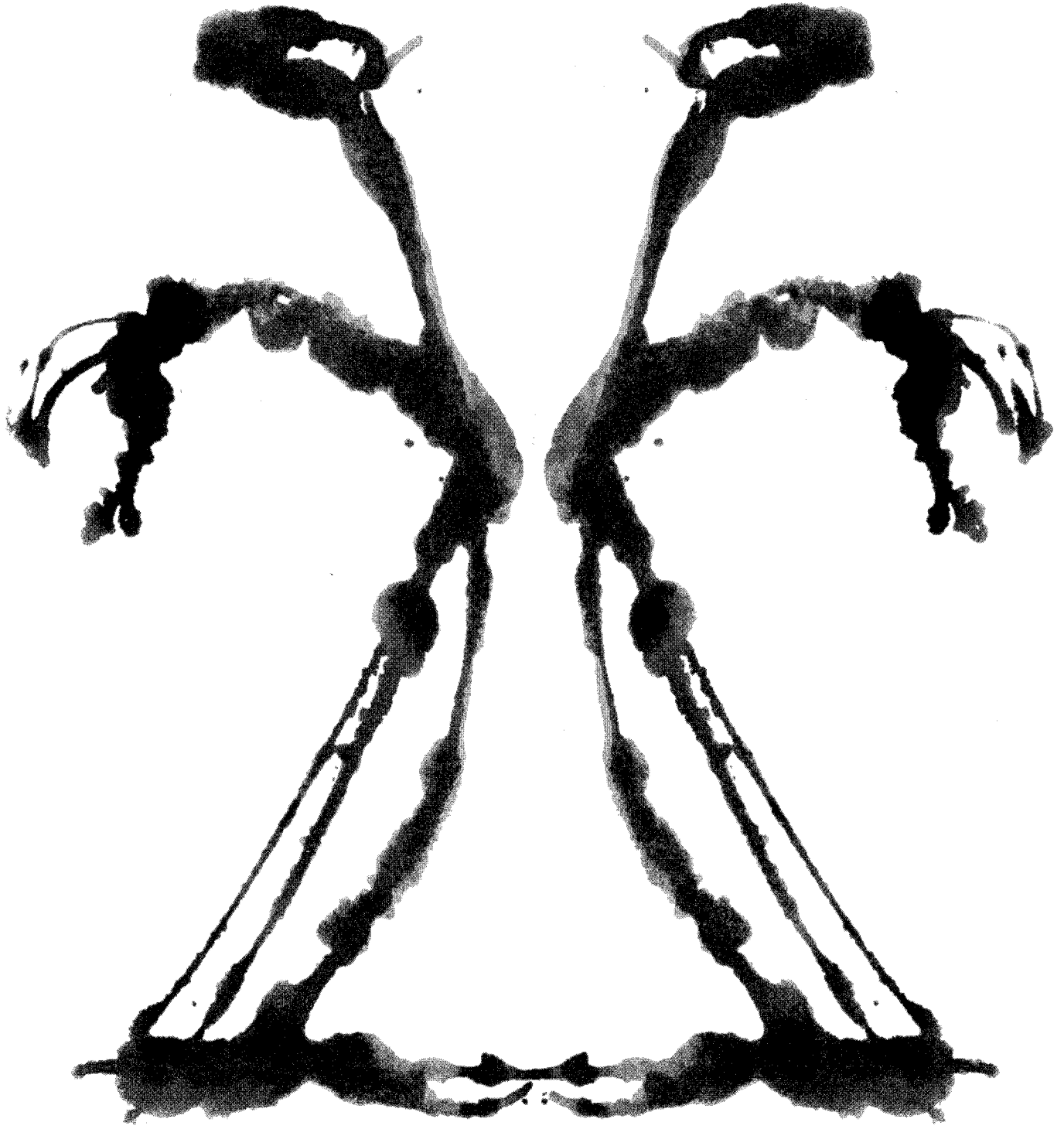
Was admission voluntary? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If answer is "No," include all relevant documents                  (medical and dental records, police records, court                  documents, etc.)</i>	Admitting Psychiatrist:  Signature: _____ Date: _____
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List all personal items surrendered to Sanitarium staff.













# Arkham Sanitarium PATIENT TRANSFER FORM

Patient's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Next of Kin: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_

History of current condition:  
  
 If paperwork from psychological interview is available, please attach copy to this form.

Diagnosis of condition:

History of previous conditions, injuries and medications:

CONDITION ON ADMISSION			
Blood Pressure	Pulse	Temperature	Respiratory Rate

Initial diagnostic impressions:

**LIST ALL DIAGNOSTIC STUDIES DONE**  
*(X-rays, blood tests, etc. and all results)*

**TREATMENT RENDERED TO PATIENT**  
*(List medications with amount and time, psychiatric treatments, etc.)*

Status of patient when transferred:

Management during transport:

Name of Physician Referring Patient: _____ Telephone: _____	Name of Physician and Hospital Receiving Patient: _____
Signature of Receiving Physician: _____	Date: _____







# Arkham Sanitarium

**Dr. Eric Hardstrom**

Chief of Staff

225 East Derby Street

Arkham, Mass.

Telephone 3887

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AS/S-1912f

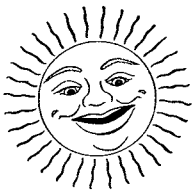


# Arkham Sanitarium

225 East Derby Street  
Arkham, Mass.



Patient use only



The staff of Arkham Sanitarium reserves the right to read and edit any correspondence the patients write or receive. This is done to ensure that they do not expose themselves to any disturbing influences, and do not inflict similar influences on others.

Commonwealth of Massachusetts

# Certificate of Insanity

This document does hereby serve notice that

\_\_\_\_\_

has been certified  
**Legally Insane**  
by the Commonwealth of Massachusetts on this date of

\_\_\_\_\_

Whereby the above named has become a Ward of the State  
to be committed to an appropriate Institution of Mental Hygiene  
to receive treatment for the condition of

\_\_\_\_\_

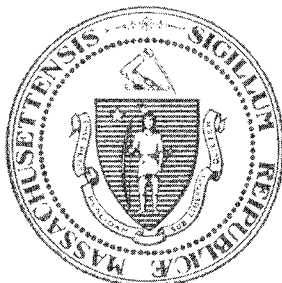
For a period of six (6) months or more, as care shall require,  
or until sufficient cause can be shown as to warrant release.

*Frank Ellis M.D.*  
Attending Psychiatrist or Physician

*Roland B. Fournier*  
Judge, District Court

*Eric Herdstrom M.D.*  
Superintendent of Institution

*Keezer Russell*  
Judge, Municipal Court



Reg. Dist. No.: \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS

State File No.: \_\_\_\_\_

Primary Reg. Dist. No.: \_\_\_\_\_

DEPARTMENT OF HEALTH

Registrar's No.: \_\_\_\_\_

VITAL STATISTICS

CERTIFICATE OF DEATH

Decedent's Name:		Sex:	Marital Status:	Surviving Spouse:	
Race:	Education:	Place of Death: <input type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other (specify) _____		Facility Name (address if residence):	
Decedent's Residence:					
Age (from last birthday): _____	Date of Birth:	Date of Death:	Decedent's Usual Occupation:		
Under 1 year (months/days): _____	Birthplace:	Kind of Business/Industry:			
Under 1 day (hours/minutes): _____					
Father's Name:		Mailing Address:			
Mother's Name:					
Informant's Name:					
Registrar's Signature:			Date Filed:		
Signature of Person Issuing Permit for Disposition:			Date Permit issued:		
Method of Disposition: <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (specify) _____				Place of Disposition (cemetery, etc.):	
Name of Embalmer:			License #:		
Signature of Funeral Director or other person:			License #:		Date of Disposition:
Certifier (Check only one):					
<input type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, place, and date and due to the cause(s) and manner as specified.					
<input type="checkbox"/> Coroner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
Certifier's Signature and Title:		License #:	Date signed:	Time of Death:	
Name and Address of Person who Completed Cause of Death:			Was Case Referred to Coroner? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Pronounced Dead:
Immediate Cause (final disease or condition resulting in death):			Approximate interval between onset and death:		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST.			_____		
_____			_____		
_____			_____		
_____			_____		
Other significant conditions (contributed to death, but not resulting in Underlying Cause):			Was Autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were Autopsy findings available prior to completion of Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No
Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		<input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		Date of Injury:	Time of Injury:
				Describe how Injury occurred:	
		Place of Injury:	Injury at Work?	Location:	

# United States Municipal Court for Arkham, Massachusetts

In the case of

\_\_\_\_\_

vs.

\_\_\_\_\_

for the offense of

\_\_\_\_\_

On this date of

\_\_\_\_\_



Docket No.: \_\_\_\_\_

Case No.: \_\_\_\_\_

Details of court proceedings:

\_\_\_\_\_

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\_\_\_\_\_

Prosecuting Attorney: \_\_\_\_\_

Signature: \_\_\_\_\_

Defending Attorney: \_\_\_\_\_

Signature: \_\_\_\_\_

Presiding Judge: \_\_\_\_\_

Signature: \_\_\_\_\_



# Police Department, Arkham, Massachusetts

POL-1521FP

302 East Armitage Street Telephone 3659

Last Name (capital letters) \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Signature of person fingerprinted \_\_\_\_\_ File no. \_\_\_\_\_ Charge \_\_\_\_\_

Residence of person fingerprinted \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Place of Birth \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Signature of person taking fingerprints \_\_\_\_\_ Date \_\_\_\_\_

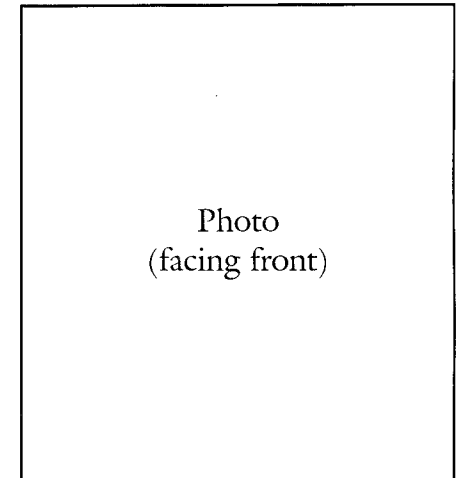


Photo  
(facing front)

R. Thumb	R. Forefinger	R. Middle Finger	R. Ring Finger	R. Little Finger
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L. Thumb	L. Forefinger	L. Middle Finger	L. Ring Finger	L. Little Finger
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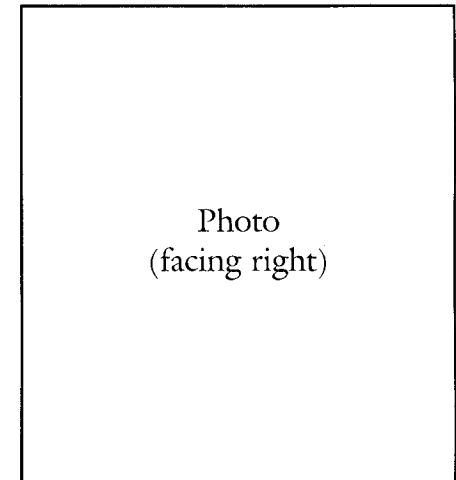


Photo  
(facing right)

Left four fingers taken simultaneously	Left Thumb	Right Thumb	Right four fingers taken simultaneously
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TOWER PROFESSIONAL BUILDING  
350 WEST ARMITAGE STREET  
ARKHAM, MASSACHUSETTS  
TELEPHONE 3771

Patient's Name: \_\_\_\_\_ File Number: \_\_\_\_\_

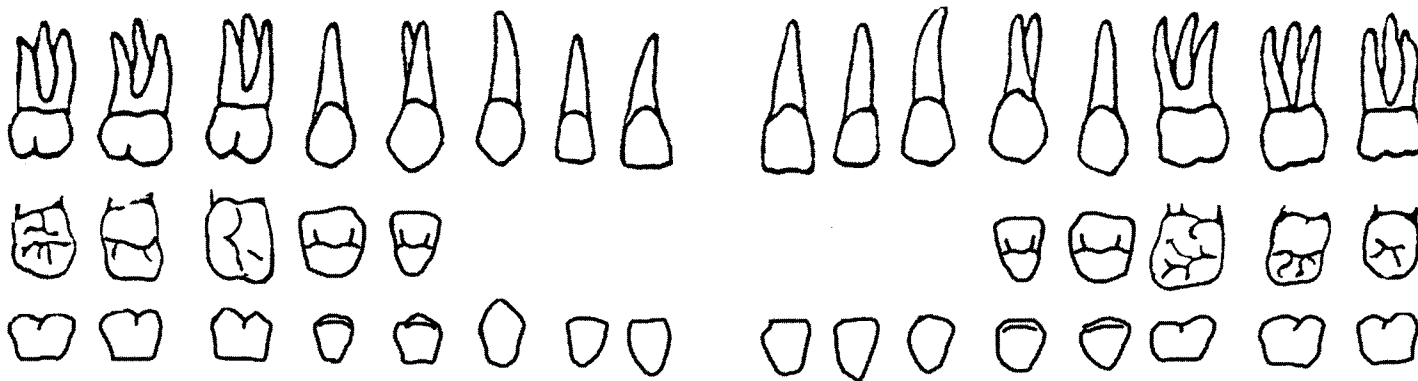
Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Color Code:

Planned Work     Completed Work

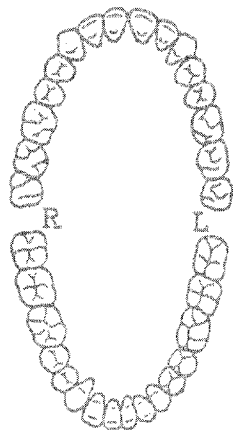
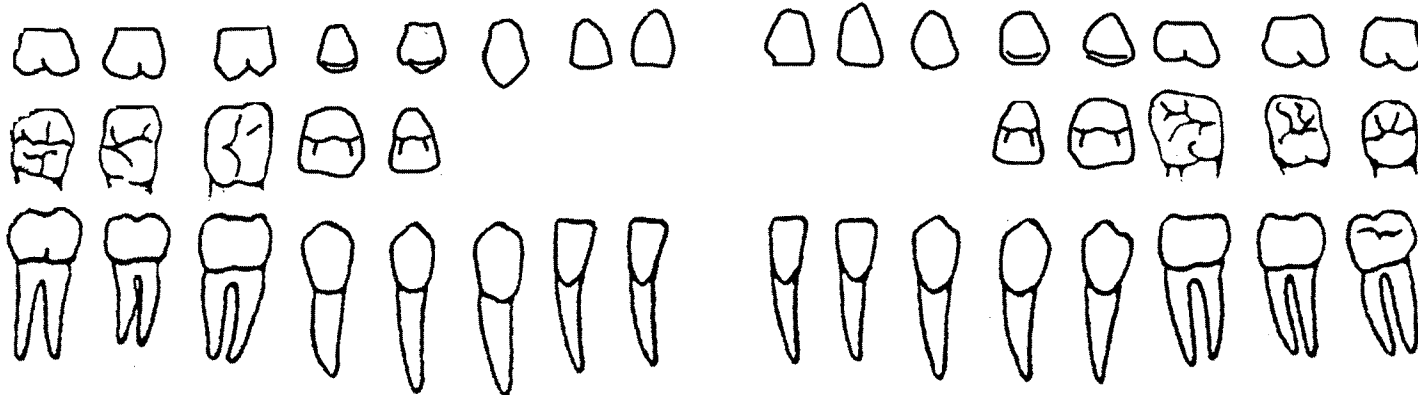
PATIENT'S LEFT

PATIENT'S RIGHT



UPPER

LOWER



Date work performed: \_\_\_\_\_

Summary of work performed: \_\_\_\_\_

Date work performed: \_\_\_\_\_

Summary of work performed: \_\_\_\_\_

Date work performed: \_\_\_\_\_

Summary of work performed: \_\_\_\_\_

Date work performed: \_\_\_\_\_

Summary of work performed: \_\_\_\_\_

# Larkin Institute

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Telephone 3887



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Arkham, Massachusetts

**Lt. Ray Stuckey**

*Detective*

Telephone: 3659



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Tel. 3052

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# Arkham Sanitarium

225 East Derby Street  
Arkham, Massachusetts  
Telephone: 3887



## Prescription of Medication

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

For Patient: \_\_\_\_\_

For Reason: \_\_\_\_\_

Prescription Filed Date: \_\_\_\_\_ By: \_\_\_\_\_

-----  
List Medicines Prescribed and Amount.

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Doctor's Signature: \_\_\_\_\_ License #: \_\_\_\_\_