Arkham Sanitarium
A set of player aids for use with Call of Cthulhu
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

INPATIENT ADMISSION FORM

Patient's Name: ________________________________________

Usual Address: ____________________________________________

Usual Occupation: _______________________________________


Next of Kin: ____________________________________________

Address: _______________________________________________________________________________________

Telephone: _______________________________________________________________________________________

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)

PLANNED TREATMENT FOR PATIENT

(List medications, therapy plans, etc.)

Was admission voluntary?    □ Yes □ No

If answer is "No," include all relevant documents

(medical and dental records, police records, court
documents, etc.)

Admitting Psychiatrist:

Signature: _____________________________ Date: _____________

List all personal items surrendered to Sanitarium staff.
Arkham Sanitarium

PATIENT PSYCHOLOGICAL PROFILE

If any notes or transcripts from psychological interview are available, please attach them to this form.

Psychiatrist's Name: ________________________________ Telephone:

Case No.: ________________________________ Date of Interview: ________________

Patient Name: ________________________________ Room No.: ________________________________

Responsible Party (next of kin, spouse, guardian, etc.): ________________________________

Address: ________________________________ Telephone: ________________________________

Patient’s chief complaint in own words:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Patient’s personal history:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Diagnostic impressions:

(Also note reactions and perceptions of inkblot cards)

____________________________________________________________________________________

____________________________________________________________________________________

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Recommended plan for treatment:

____________________________________________________________________________________

____________________________________________________________________________________

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Psychiatrist’s Signature: ________________________________ Date: ________________________________
Arkham Sanitarium

**PATIENT RECORD**

<table>
<thead>
<tr>
<th>Patient: ______________________</th>
<th>Physician: ______________________</th>
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<tbody>
<tr>
<td>Diagnosis: _____________________</td>
<td>Telephone: ______________________</td>
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<tr>
<td>Date: _________________________</td>
<td>Dr.'s Address: ___________________</td>
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</tbody>
</table>

**MEDICAL AND FEVER CHART**

<table>
<thead>
<tr>
<th>Day Nurse: __________</th>
<th>Telephone: __________</th>
<th>Night Nurse: __________</th>
<th>Telephone: __________</th>
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</thead>
</table>

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<thead>
<tr>
<th>Room #</th>
<th>Time (A.M. P.M.)</th>
<th>Temp</th>
<th>Pulse</th>
<th>Blood Pressure</th>
<th>Medications</th>
<th>Diet</th>
<th>Stools</th>
<th>Urine</th>
<th>Total for 24 Hours</th>
<th>Remarks</th>
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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:

<table>
<thead>
<tr>
<th>CONDITION ON ADMISSION</th>
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<tr>
<td>Blood Pressure</td>
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<tr>
<td>Initial diagnostic impressions:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST ALL DIAGNOSTIC STUDIES DONE</th>
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<tbody>
<tr>
<td>(X-rays, blood tests, etc. and all results)</td>
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<thead>
<tr>
<th>TREATMENT RENDERED TO PATIENT</th>
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</thead>
<tbody>
<tr>
<td>(List medications with amount and time, psychiatric treatments, etc.)</td>
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</table>

Status of patient when transferred:

Management during transport:

Name of Physician Referring Patient: _________________________
Telephone: _________________________
Signature of Receiving Physician: __________________________
Date: ____________________________

Name of Physician and Hospital Receiving Patient:

Name of Physician Referring Patient: _________________________
Telephone: _________________________
Signature of Receiving Physician: __________________________
Date: ____________________________
<table>
<thead>
<tr>
<th>Name:</th>
<th>To See:</th>
<th>Reason:</th>
<th>Telephone:</th>
<th>Time In:</th>
<th>Time Out:</th>
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Watch Nurse: ___________________________ Date: ___________________
Patient Name: _____________________________ Room No.: _____________
Address: ____________________________________ Telephone No.: ___________
Chief Attending Physician: _______________________
Date Admitted: _______ Treated for: ___________________________
Date Released: _______ Psychiatrist recommending release: ______________________
Total Length of Treatment: ________________

## SUMMARY OF SERVICES RENDERED

<table>
<thead>
<tr>
<th>Treatment (includes medications)</th>
<th>Length</th>
<th>Cost</th>
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For Office Use Only:
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Total: ____________________
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.

Signatures:

Attending Psychiatrist or Physician

Judge, District Court

Superintendent of Institution

Judge, Municipal Court

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# Certificate of Death

**Commonwealth of Massachusetts**  
**Department of Health**  
**Vital Statistics**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decedent's Name:</td>
<td></td>
</tr>
<tr>
<td>Sex:</td>
<td>Marital Status:</td>
</tr>
<tr>
<td>Place of Death:</td>
<td>Facility Name (address if residence):</td>
</tr>
<tr>
<td>Race:</td>
<td>Education:</td>
</tr>
<tr>
<td>Age (from last birthday):</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Under 1 year (months/days):</td>
<td>Under 1 day (hours/minutes):</td>
</tr>
<tr>
<td>Father's Name:</td>
<td>Mailing Address:</td>
</tr>
<tr>
<td>Mother's Name:</td>
<td></td>
</tr>
<tr>
<td>Registrar's Signature:</td>
<td>Date Filed:</td>
</tr>
<tr>
<td>Method of Disposition:</td>
<td>Place of Disposition (cemetery, etc.):</td>
</tr>
<tr>
<td>Name of Embalmer:</td>
<td>License #:</td>
</tr>
<tr>
<td>Signature of Funeral Director or other person:</td>
<td>License #:</td>
</tr>
<tr>
<td>Certifier's Signature and Title:</td>
<td>Date signed:</td>
</tr>
<tr>
<td>Immediate Cause (final disease or condition resulting in death):</td>
<td>Approximate interval between onset and death:</td>
</tr>
<tr>
<td>Other significant conditions (contributed to death, but not resulting in Underlying Cause):</td>
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<tr>
<td>Manner of Death:</td>
<td>Date of Injury: Time of Injury: Describe how Injury occurred:</td>
</tr>
</tbody>
</table>

**Reg. Dist. No.: _____**  
**State File No.: _____**  
**Primary Reg. Dist. No.: _____**  
**Registrar's No.: _____**
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<thead>
<tr>
<th>Last Name (capital letters)</th>
<th>First</th>
<th>Middle</th>
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<tbody>
<tr>
<td>Signature of person fingerprinted</td>
<td>File no.</td>
<td>Charge</td>
</tr>
<tr>
<td>Residence of person fingerprinted</td>
<td>Date of Birth</td>
<td>Height</td>
</tr>
<tr>
<td>Place of Birth</td>
<td>Eyes</td>
<td>Hair</td>
</tr>
<tr>
<td>Signature of person taking fingerprints</td>
<td>Date</td>
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<tr>
<th>R. Thumb</th>
<th>R. Forefinger</th>
<th>R. Middle Finger</th>
<th>R. Ring Finger</th>
<th>R. Little Finger</th>
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<tr>
<th>L. Thumb</th>
<th>L. Forefinger</th>
<th>L. Middle Finger</th>
<th>L. Ring Finger</th>
<th>L. Little Finger</th>
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<tr>
<th>Left four fingers taken simultaneously</th>
<th>Left Thumb</th>
<th>Right Thumb</th>
<th>Right four fingers taken simultaneously</th>
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</table>
Edwin Cassidy  
*Attorney at Law*

Tower Professional Building,  
350 West Armitage Street, Suite 4a  
Arkham, Mass.  
Telephone 3772

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Bertrand Chambers  
*Attorney at Law*

589 Marsh Street, Arkham, Massachusetts  
Telephone 5623

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Larkin Institute

Dr. Parker Larkin  
*Chief Administering Psychiatrist*

166 East Pickman Street  
Arkham, Massachusetts  
Telephone: 7404

---

Arkham Sanitarium

Dr. Eric Hardstrom  
*Chief of Staff*

225 East Derby Street  
Arkham, Mass.  
Telephone 3887

---

Arkham Sanitarium

Dr. Bradley Harcourt  
*Assistant Administrator*

225 East Derby Street  
Arkham, Mass.  
Telephone 3887  
Telephone 3771

---

Arkham Sanitarium

Dr. Harry Dunbar  
*Physician*

225 East Derby Street  
Arkham, Mass.  
Telephone 3887

---

Arkham Sanitarium

G. R. Feldman, D.D.S.

Tower Professional Building  
350 West Armitage Street  
Arkham, Massachusetts

---

Arkham Police Department

302 East Armitage Street  
Arkham, Massachusetts

Lit. Ray Stuckey  
*Detective*  
Telephone: 3659

---

Dr. Ephraim Sprague  
*Physician*

Medical Examiner, Essex County  

Tower Professional Building  
350 West Armitage Street  
Arkham, Massachusetts  
Tel. 3052
Prescription of Medication

Doctor: __________________________________________ Date: __________

For Patient: __________________________________________

For Reason: __________________________________________

PrescriptionFiled Date: __________ By: _____________________________

List Medicines Prescribed and Amount.

______________________________  ___________________________

Doctor’s Signature: ___________________________ License #: __________________