

PSYCHIATRIC ABUSE CASE SUMMARY INVESTIGATION FORM

Hello,

Thank you for contacting the Citizens Commission on Human Rights. Your response is very much appreciated. Without the interest and help of people like you, we would not have progressed as far as we have in the fight against human rights violations so prevalent in the psychiatric system.

Remember, the first step to correcting injustices and human rights abuse is to report them. Conditions can be changed as our organization has shown over and over again. All information will be kept in strict confidence.

If you have a psychiatric abuse or crime to report, please ensure that you fill in this form as fully as possible. If there are further details that you want to make known or that you feel need to be conveyed, other than what is covered here, please add additional data to this form. This gives our office the basic information on you or your family member or friend's case.

After printing this form, fill it out as completely as possible, then mail it to:

CCHR International
6616 Sunset Blvd.
Los Angeles, CA 90028

After this form has been reviewed, a representative from our office will contact you by phone or letter to acknowledge receipt of this information and inform you of the next steps to be taken on your case.

While CCHR does not provide medical or legal advice, it works closely with and supports medical doctors and medical practice. A key CCHR focus is psychiatry's fraudulent use of subjective "diagnoses" that lack any scientific or medical merit. Based on these false diagnoses, psychiatrists justify and prescribe life-damaging treatments, including mind-altering drugs, which mask a person's underlying difficulties and prevent his or her recovery.

Please fill out the following:

Your information:

Name: _____

Address: _____

City: _____

State/Providence: _____

Zip/Postal Code: _____

Country: _____

Phone: _____

Email Address: _____

Birth Date: _____

Your report:

Questions to be answered as fully as possible (Please give specific dates if possible).

WHEN DID THE ABUSE YOU WISH TO REPORT OCCUR?

WHO WAS THE TREATING DOCTOR ON THE CASE? PLEASE WRITE IN FULL: NAME AND WHAT KIND OF A DOCTOR THEY ARE: I.E. PSYCHIATRIST, PSYCHOLOGIST, ETC.

WHAT WAS THE LAST KNOWN ADDRESS AND PHONE NUMBER OF THE PRACTICE OF THIS PSYCHIATRIST, PSYCHOLOGIST, ETC.?

WHAT ARE THE NAMES OF ANY OTHER STAFF OR DOCTORS THAT YOU FEEL WERE INVOLVED IN THE ABUSE? [please state what their position [job] was).

WHAT IS THE NAME OF THE HOSPITAL/FACILITY THAT THIS OCCURRED IN? IF MORE THAN ONE, FACILITY, PLEASE INDICATE. INCLUDE THE ADDRESS AND PHONE NUMBER FOR EACH FACILITY IF KNOWN:

IF THE INJURED PARTY IS/WAS INSURED (PRIVATE OR GOVERNMENT OR SOCIAL SECURITY MEDICAL COVERAGE), WHAT IS THE NAME OF THE INSURANCE COMPANY OR BENEFITS THAT PAID FOR YOUR TREATMENT AND/OR HOSPITALIZATION?

WHAT WAS THE REASON YOU WERE PLACED UNDER THE CARE OF A PSYCHIATRIST IN THIS FACILITY ETC.? (Please differentiate what the psychiatrist diagnosed you as, or said you were suffering from, and what you feel was the problem [if any] at the time.)

PLEASE ANSWER YES OR NO TO THE FOLLOWING. IF YES TO ANY OF THE QUESTIONS, PLEASE PROVIDE ANY DETAILS AS NEEDED.

DID YOU ADMIT YOURSELF VOLUNTARILY? (circle one)

YES

NO

WERE YOU ADMITTED INVOLUNTARILY (AGAINST YOUR WILL)?

YES

NO

WERE THERE ANY COURT ORDERS INVOLVED IN YOUR SITUATION?

YES

NO

IF YES, WHO REQUESTED THEM?

FOR WHAT REASON?

WERE YOU INFORMED OF YOUR RIGHTS AS A PATIENT BEFORE ADMISSION?

YES

NO

IF NOT BEFORE ADMISSION, AT ANY TIME DURING YOUR ADMISSION?

YES

NO

IF YES, WHO INFORMED YOU AND WHAT WERE YOU TOLD?

DID ANY OF THE FOLLOWING OCCUR TO YOU? (If yes, please give specifics.)

PHYSICAL ABUSE?

YES

NO

DRUGGED WITHOUT PERMISSION?

YES

NO

IF YES, WHAT DRUGS WERE YOU GIVEN? (include dosages & how often they were given)

OVER DRUGGED?

YES

NO

ANY SIDE EFFECTS FROM THE DRUGS THAT WERE INTOLERABLE?

YES

NO

IF YES, WHAT WERE THESE SIDE EFFECTS?

PERMANENT OR PERSISTING EFFECTS OF THE DRUGS?

YES

NO

IF YES, WHAT WERE THESE EFFECTS AND ARE YOU STILL AFFECTED BY THEM?

NOT INFORMED ABOUT DRUG SIDE-EFFECTS?

YES

NO

(IF YOU WERE INFORMED, PLEASE SPECIFY WHAT YOU WERE TOLD.)

SEXUAL ABUSE, MISCONDUCT OR RAPE?

YES

NO

(If this did occur, it may be difficult to report the details, but please write what you can and who was involved in this abuse.)

WAS THIS SEXUAL ABUSE CALLED THERAPY?

YES

NO

IF YES, BY WHOM?

USE OF RESTRAINTS?

YES

NO

PLACED IN ISOLATION?

YES

NO

IF PLACED IN RESTRAINTS AND/OR ISOLATION WERE YOU CHECKED ON
REGULARLY?

YES

NO

IF SO, HOW OFTEN?

WERE YOU EVER THREATENED WITH PHYSICAL HARM?

YES

NO

IF YES, WHO BY? WAS THERE ANY REASON WHY THE THREAT WAS MADE?

WERE YOU THREATENED WITH COMMITMENT OR PUNISHMENT IF YOU REFUSED TO ACCEPT THE PSYCHIATRIC TREATMENT GIVEN TO YOU?

YES

NO

IF YES, WHO BY AND WHAT HAPPENED?

WERE YOU COERCED INTO HOSPITALIZATION OR TREATMENT?

YES

NO

IF YES, WHO BY AND HOW?

WERE YOU GIVEN ELECTROSHOCK? (Also known as Electric Shock Treatment, Electroconvulsive therapy, Shock Treatment and ECT.)

YES

NO

IF YES, WHAT WERE YOU TOLD ABOUT THE ELECTROSHOCK TREATMENT PRIOR TO ITS ADMINISTRATION?

DID YOU SIGN ANY FORM GIVING CONSENT TO THE ELECTROSHOCK?

YES
NO

IF YES, WHAT DID THE FORM SAY?

WAS YOUR INSURANCE COMPLETELY USED UP?

YES
NO

HOW MUCH WAS USED?

DO YOU HAVE COPIES OF THE INSURANCE BILLINGS AND MEDICAL RECORDS?

YES
NO

WERE THERE ANY CHARGES FOR SERVICES YOU DIDN'T RECEIVE?

YES

NO

ANY DOUBLE BILLING ON YOUR INSURANCE?

YES

NO

ANY OUTRAGEOUS CHARGES ON YOUR INSURANCE BILLS?

YES

NO

DID YOU WITNESS ANY OF THE ABOVE DONE TO OTHERS?

YES

NO

IF YES, AND YOU HAVE THE INFORMATION, PLEASE STATE NAMES, WHAT WAS DONE AND WHO COMMITTED THE ABUSE:

WHAT WAS THE REASON GIVEN FOR DISCHARGING YOU?

HAVE YOU CONTACTED AN ATTORNEY?

YES
NO

WHAT WAS HIS OR HER RESPONSE TO THE CASE? (This does not affect our interest in the case.)

HAVE YOU FILED ANY COMPLAINTS ON THIS/THESE ABUSE(S)?

YES
NO

IF YES, WITH WHAT ORGANIZATION OR OFFICIAL?

WHEN WAS THE COMPLAINT FILED?

In addition, are you interested in the following:

1. Having CCHR further investigate your/this case.

YES
NO

2. Having complaints filed on your/another's (with their permission) behalf with the proper authorities.

YES
NO

3. Doing media interviews on your case to alert the public to these issues.

YES
NO

4. Assisting in obtaining legislation in your state on issues that address the type of abuses in your or another's case.

YES
NO

5. Writing letters to congressmen on these abuses.

YES
NO

6. Starting or getting involved in a support group for people who have suffered similar abuses.

YES
NO

Thank you again for filling out this interview form. Someone from our office will be getting back to you to assist with the next steps to take on your case once this information has been reviewed and it has been determined what we can best do to help expose and correct what has been done to you.

Please mail the completed form to:

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6616 Sunset Blvd.
Los Angeles, CA 90028