1920s

Call of Cthulhu
Horror Roleplaying

2366

Arkham Sanitarium

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

Drashi Khendup
Eric Vogt

Chaosium Inc.

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®*

©1997 Chaosium Inc.
Cover Layout and design by Drashi Khendup. Forms designed by Drashi Khendup.
Certificate of Insanity designed by Eric Vogt.
Edited by Elaine Fuller and Janice Sellers.
Arkham Sanitarium is published as a supplement to *Call of Cthulhu®*, Chaosium Inc.'s roleplaying game of horror and wonder.
Call of Cthulhu® is a registered trademark of Chaosium Inc. The reproduction of the materials in this publication for reasons of personal or corporate profit, by photographic, digital or other electronic methods of storage and retrieval, is prohibited.
Please address any questions and comments concerning this publication, as well as requests for free notices of Chaosium publications, by mail to Chaosium Inc., 950 56th Street, Oakland, CA 94608.
Visit our world wide web site at http://www.sirius.com/~chaosium/chaosium.html
ISBN 1-56882-088-7
1 2 3 4 5 6 7 8 9 10
Chaosium Publication Number 2366
Published in May 1997

1997

AS/A-1918w

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

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.

©1997 Chaosium Inc. Permission granted to photocopy this sheet for personal use only.

AS/P-1926s

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:

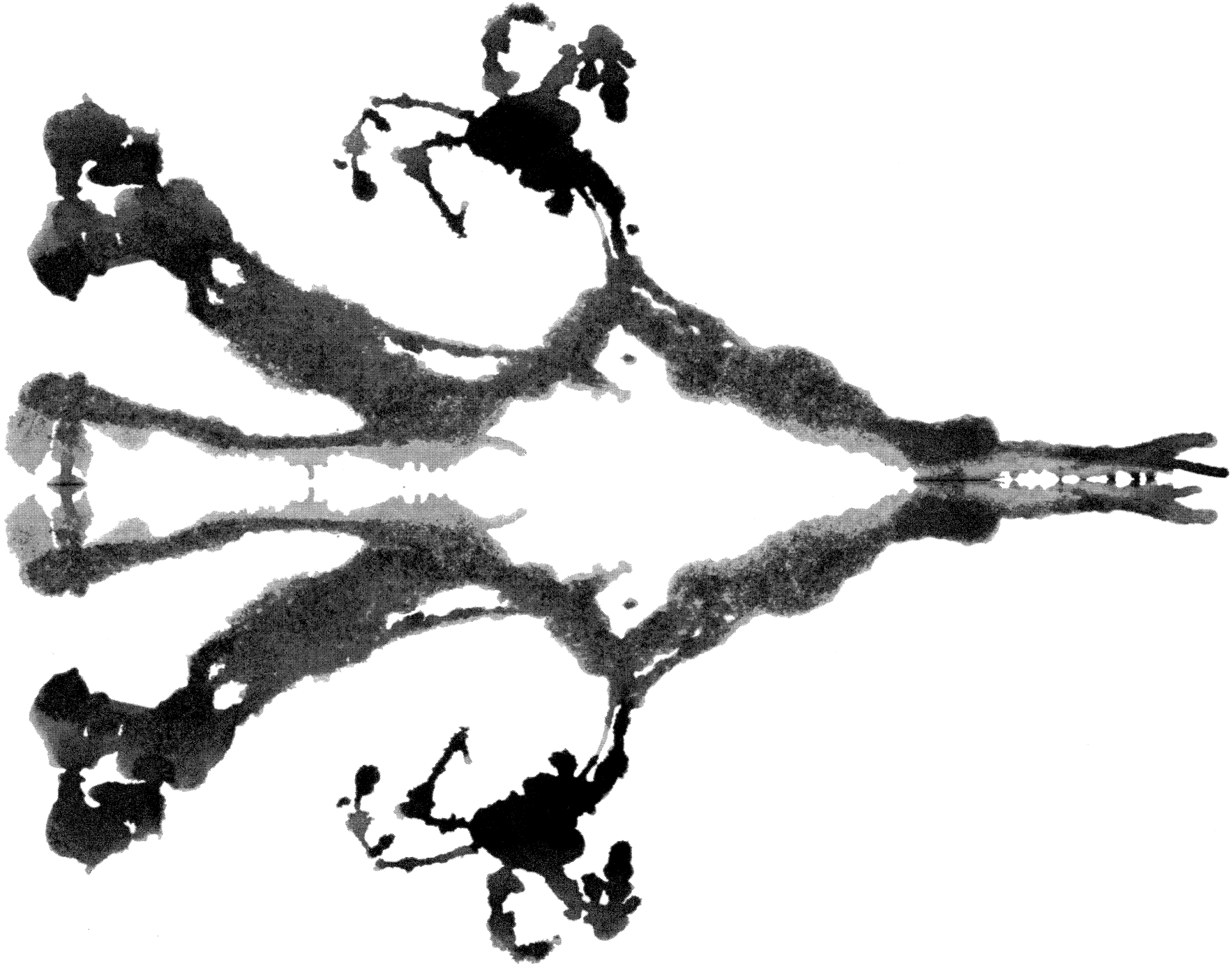
Diagnostic impressions:
(Also note reactions and perceptions of inkblot cards)

Recommended plan for treatment:

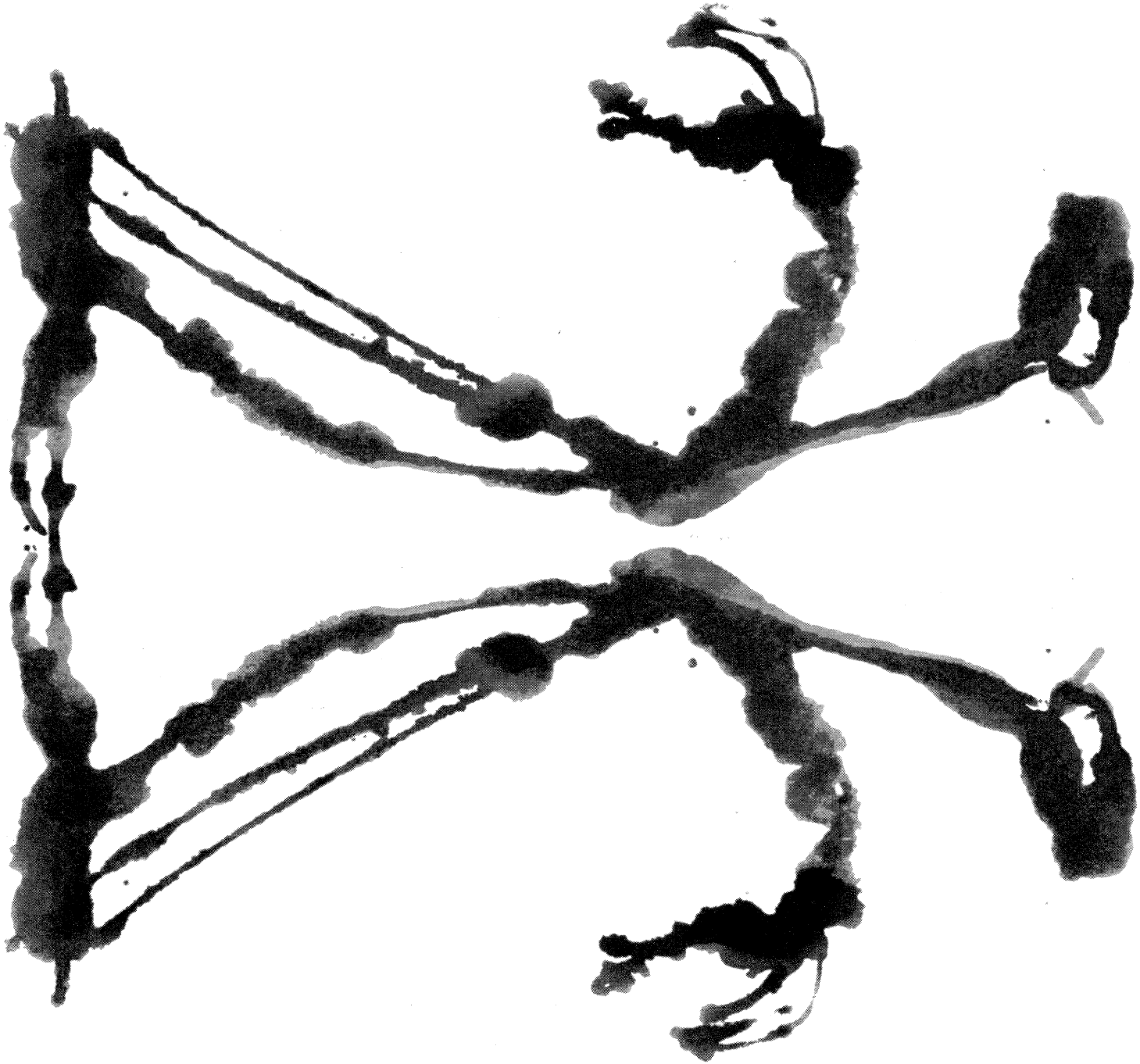
Psychiatrist's Signature: _____ Date: _____

Permission granted to photocopy this sheet for personal use only.
©1997 Chaosium Inc.

©1997 Chaosium Inc. Permission granted to photocopy this sheet for personal use only.



©1997 Chaosium Inc. Permission granted to photocopy this sheet for personal use only.



©1997 Chaosium Inc. Permission granted to photocopy this sheet for personal use only.

AS/R-1919f

Arkham Sanitarium
PATIENT RECORD

Patient: _____ Physician: _____

Diagnosis: _____ Telephone: _____

Date: _____19____ Dr.'s Address: _____

MEDICAL AND FEVER CHART

Day Nurse: _____ Telephone: _____ Night Nurse: _____ Telephone: _____

Room #	Time A.M. P.M.	Temp	Pulse	Blood Pressure	Medications	Diet	Stools	Urine	Total for 24 Hours	Remarks

For Office Use Only:

Permission granted to photocopy this sheet for personal use only.

©1997 Chaosium Inc.

AS/T-1918f

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: _____

Signature of Receiving Physician: Date:

_____ _____

Name of Physician and Hospital Receiving Patient:

Permission granted to photocopy this sheet for personal use only.

©1997 Chaosium Inc.

AS/V-1925w

Arkham Sanitarium

Visitor Registration Form

Name:	To See:	Reason:	Telephone:	Time In:	Time Out:

Watch Nurse: _____ Date: _____

Permission granted to photocopy this sheet for personal use only.

©1997 Chaosium Inc.

AS/I-1902s

Arkham Sanitarium

225 East Derby Street
Arkham, Mass.

Invoice of Services

Telephone 3887

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

Treatment (includes medications)	Length	Cost
	Total:	

For Office Use Only:

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Permission granted to photocopy this sheet for personal use only.

©1997 Chaosium Inc.

Arkham Sanitarium

Dr. Eric Hardstrom
Chief of Staff
225 East Derby Street
Arkham, Mass.
Telephone 3887

© 1997 Chaosium Inc. Permission granted to photocopy this sheet for personal use only.

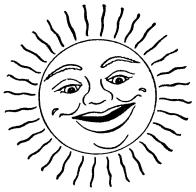
AS/pS-1921f

Arkham Sanitarium

225 East Derby Street
Arkham, Mass.

Patient use only

Permission granted to photocopy this sheet for personal 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.

© 1997 Chaosium Inc.

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

_____

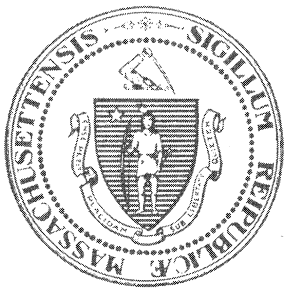
For a period of six (6) months or more, as care shall require,
or until sufficient cause can be shown as to warrant release.

Frank Ellis M.D.
Attending Psychiatrist or Physician

Roland B. Fourneyatine
Judge, District Court

Eric Herdstrom M.D.
Superintendant of Institution

Keezer Randall
Judge, Municipal Court



SIGILLUM REIPUBLICÆ MASSACHUSETTENSIS

M-DMH DOC 5477681-510

Permission granted to photocopy this sheet for personal use only.

©1997 Chaosium Inc.

Reg. Dist. No.:_____

Primary Reg. Dist. No:_____

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF HEALTH
VITAL STATISTICS

State File No.: _____

Registrar's No.: _____

CERTIFICATE OF DEATH

Decedent's Name:	Sex:	Marital Status:	Surviving Spouse:

Race:	Education:	Place of Death: ❑ Hospital ❑ Inpatient ❑ Outpatient ❑ DOA ❑ Other (specify) _____	Facility Name (address if residence):
Decedent's Residence:			

Age (from last birthday):_____ Under 1 year (months/days):_____ Under 1 day (hours/minutes):_____	Date of Birth:	Date of Death:	Decedent's Usual Occupation:
	Birthplace:	Kind of Business/Industry:	

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: ❑ Burial ❑ Cremation ❑ Removal from State ❑ Donation ❑ 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):

❑ 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.

❑ 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? ❑ Yes ❑ 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**.	a _____
	b _____
	c _____
	d _____

Other significant conditions (contributed to death, but not resulting in Underlying Cause):	Was Autopsy performed? ❑ Yes ❑ No	Were Autopsy findings available prior to completion of Cause of Death? ❑ Yes ❑ No

Manner of Death: ❑ Natural ❑ Accident ❑ Suicide ❑ Homicide ❑ Pending Investigation ❑ Could not be determined	Date of Injury:	Time of Injury:	Describe how Injury occurred:
	Place of Injury:	Injury at Work?	Location:

Permission granted to photocopy this sheet for personal use only.

©1997 Chaosium Inc.

USJC-1243a

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:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Prosecuting Attorney: _____ Signature: _____

Defending Attorney: _____ Signature: _____

Presiding Judge: _____ Signature: _____

Page _____ of _____

Permission granted to photocopy this sheet for personal use only.

© 1997 Chaosium Inc.

POL-1521FP

Police Department, Arkham, Massachusetts

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 _____

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

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

Photo
(facing front)

Photo
(facing right)

Left four fingers taken simultaneously	Left Thumb	Right Thumb	Right four fingers taken simultaneously

©1997 Chaosium Inc.

DDS/PI-20

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

Tower Professional Building
350 West Armitage Street
Arkham, Massachusetts
Telephone 3771

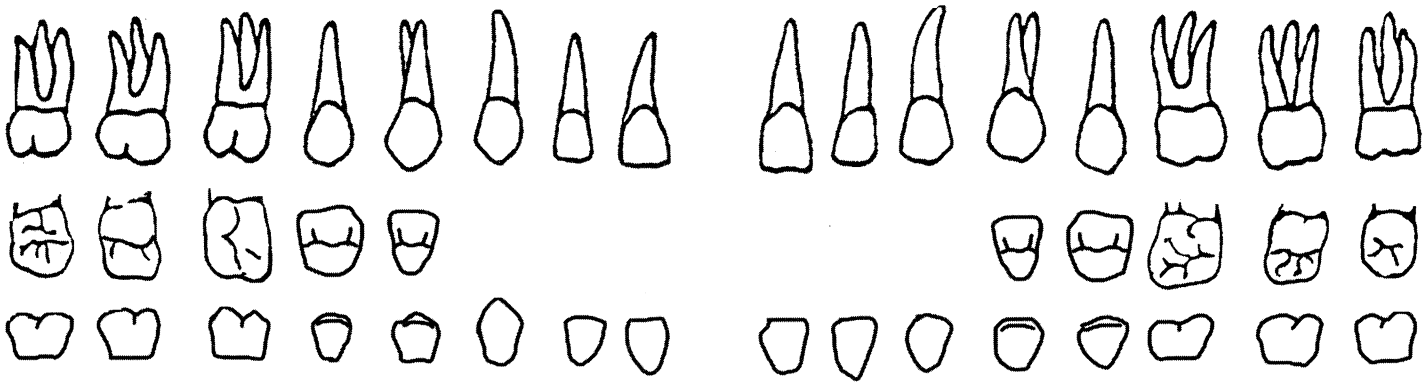
Patient's Name:: _____ File Number: _____

Address: _____ Telephone Number: _____

Color Code:

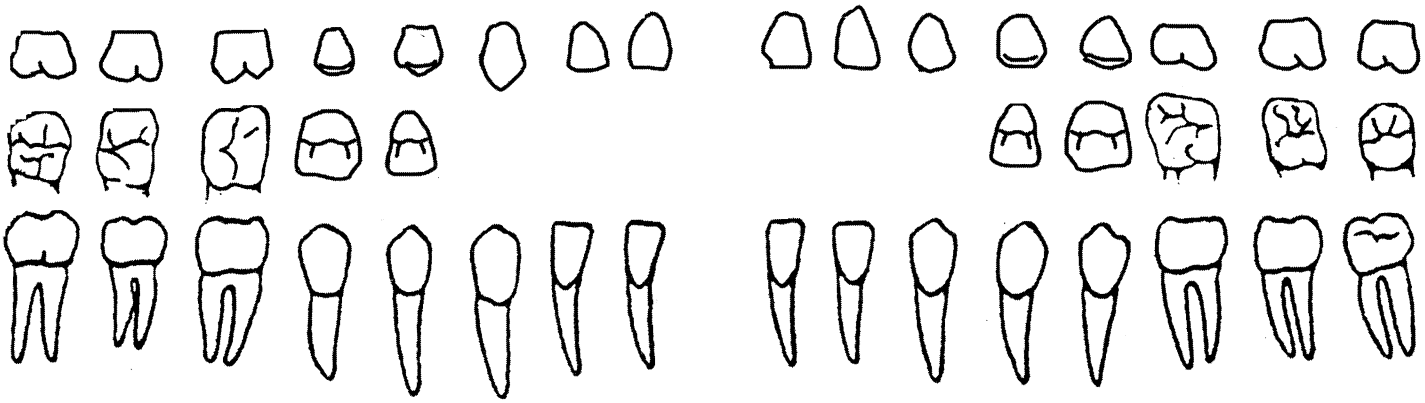
☐ Planned Work ☐ Completed Work

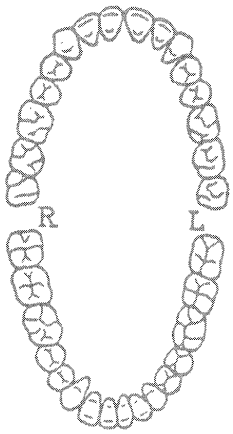
Patient's Left | Patient's Right



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: _____

_____

Permission granted to photocopy this sheet for personal use only.

©1997 Chaosium Inc.

Larkin Institute
Dr. Parker Larkin
Chief Administrating Psychiatrist
166 East Pickman Street
Arkham, Massachusetts
Tel. 7404

Permission granted to photocopy this sheet for personal use only.
©1997 Chaosium Inc.

Edwin Cassidy
Attorney at Law

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

Permission granted to photocopy this sheet for personal use only.

©1997 Chaosium Inc.

Bertrand Chambers
ATTORNEY AT LAW
589 MARSH STREET, ARKHAM, MASSACHUSETTS
TELEPHONE 5623

Permission granted to photocopy this sheet for personal use only.
©1997 Chaosium Inc.

E. E. SALTONSTALL

AND ASSOCIATES

ATTORNEYS AT LAW

511 Gedney Street, Arkham, Mass.

Telephone 2375

Permission granted to photocopy this sheet for personal use only.

© 1997 Chaosium Inc.

Edwin Cassidy

Attorney at Law

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

Bertrand Chambers
Attorney at Law

589 Marsh Street, Arkham, Massachusetts
Telephone 5623

E. E. SALTONSTALL
AND ASSOCIATES

Attorneys at Law
511 Gedney Street, Arkham, Mass.
Telephone 2375

Larkin Institute

Dr. Parker Larkin
Chief Administrating 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

Arkham Sanitarium

Dr. Harry Dunbar
Physician

225 East Derby Street
Arkham, Mass.
Telephone 3887

Telephone 3771

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

Tower Professional Building
350 West Armitage Street
Arkham, Massachusetts

Arkham Police Department
302 East Armitage Street
Arkham, Massachusetts

Lt. Ray Stuckey
Detective

Telephone: 3659

Dr. Ephraim Sprague

Physician
Medical Examiner, Essex County

Tower Professional Building
350 West Armitage Street
Arkham, Massachusetts

Tel. 3052

Instructions: Photocopy this page and glue it onto cardstock or other heavy paper. Then cut along lines.

Permission granted to photocopy this sheet for personal use only.

© 1997 Chaosium Inc.

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.

© 1997 Chaosium Inc.

Doctor's Signature: _____ License #: _____