

AS - EHSSB

ROYAL HOSPITALS

HOSPITAL No. 364377

CASE MIX PROFORMA

Dear Doctor

I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred.

Referral No.

Contract No.

Patient's Name *Mr Mrs Miss Ms

Name ADAM STRAIN

Address..... [REDACTED]

Postcode.....

D.O.B. / / Ward..... Male* Female*

↑ Please place addressograph label here on all 4 sheets ↑

* TICK OR DELETE AS APPROP.

	ADMISSION	TRANSFER	DISCHARGE
DATE	10/8/94		10/8/94
CONSULTANT NAME	Dr - Savage		Date coded and entered in CIS (/ /)
WARD	MUSG		Coding performed by

PRINCIPAL DIAGNOSIS ON TRANSFER / DISCHARGE * <small>*delete as appropriate</small>	CHRONIC RENAL FAILURE	CODE
OTHER DIAGNOSIS		
OTHER DIAGNOSIS		

		DATE
PRINCIPAL PROCEDURE	REMOVAL OF PERITONEAL	
SECONDARY PROCEDURE	DIALYSIS LINE	
SECONDARY PROCEDURE		

DRUGS ON DISCHARGE (IF MORE THAN 8, use a separate sheet FOR ALL DRUGS)

DRUG (approved name in caps)	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST
AMUCMENTIN	125 mg tid.	1/52	

COMMENTS PD fell out. D/W Mr Boston. For replacement PD line soon.

Method of Admission: Emergency Waiting list Outpatients

Review Arrangements Further Summary Letter Yes No

Yours sincerely (signature) Date 10/8/94

Name in Block Letters AL WYNE Consultant Senior Reg Reg SHO JHO

CODING VERIFICATION	
CONSULTANTS INITIALS	
AMENDED BY	

Implications 1. _____

2. _____

Consultants Initials 016-041-76

ROYAL HOSPITALS

HOSPITAL No.

PHARMACY COPY

Dear Doctor
 I wish to advise you that your patient was admitted to hospital and is now being discharged/transferred.

 Referral No.
 Contract No.

Patient's Name *Mr Mrs Miss Ms
 Name Alan Straw
 Address.....
 Postcode.....
 D.O.B. / / Ward..... Male* Female*

*
 TICK OR DELETE AS APPROP.

↑ Please place addressograph label here on all 4 sheets ↑

	ADMISSION	TRANSFER	DISCHARGE
DATE			
CONSULTANT NAME			
WARD			

PRINCIPAL DIAGNOSIS ON TRANSFER / DISCHARGE * <small>*delete as appropriate</small>		CODE
	UTI	
OTHER DIAGNOSIS		
OTHER DIAGNOSIS		

	DATE
PRINCIPAL PROCEDURE	Attended to collect prescriptions
SECONDARY PROCEDURE	
SECONDARY PROCEDURE	

DRUGS ON DISCHARGE (IF MORE THAN 8, use a separate sheet FOR ALL DRUGS)

DRUG (approved name in caps)	DOSE & FREQUENCY	LENGTH OF COURSE	ADDITIONAL INFORMATION FROM PHARMACIST
Co-TRIMOXAZOLE	240mg bid pe.	x 10 days	

DOCTOR
 FOND HOLDINGS
 NFW ✓
 ✓
 MEDICAL COMM
 ✓
 ✓

COMMENTS

Method of Admission	
Emergency	
Waiting list	
Outpatients	

Review Arrangements As usual Further Summary Letter Yes No
 Yours sincerely [Signature] (signature) Date
 Name in Block Letters [Signature] Consultant Senior Reg Reg SHO JHO
 Signature for Pharmacy [Signature] 016-041-077