

Referral to Erne Hospital Date 12/4

Consultant Department Childrens ward

Please arrange: **Emergency Admission**
Normal / Urgent / Semi Urgent Appointment for G.P Clinic

Details of Patient:

Surname Crawford Mr. / Mrs. / Miss
Forenames Lucy
Previous Surname _____ Date of Birth 5 11 98
Address _____ Occupation _____
Phone No. _____
Postcode: _____

Hospital Number: _____ Date of Last Attendance at this Hospital
Date of Last Attendance at any other Hospital
Name of Hospital: _____

Reason for Referral Pyrexia - not responding to Capso

History / Examination: Browsy + lethargic
Fleppy + Not drinking

Provisional Diagnosis: O/E Temp 38°
Mucosa moist

Past History: fees - Throat -
CS - RS - Abd

Present Medication: Δ ? UTI

Known Allergies: Needs fluids

Other Relevant Information: _____

Doctors Signature [Signature] (Cypher No.) _____

DOCTOR'S OR PRACTICE STAMP
DR E Connell
Erneville

027-004-014