

PLEASE ARRANGE A FOLLOW-UP
APPOINTMENT FOR THIS PATIENT

TO BE SEEN BY.....

AT THE CLINIC

IN WEEKS

**Altnagelvin Area Hospital
ADMISSION RECORD**

Casenote number: AH 313854

Surname: FERGUSON

Date of Birth: 04/02/1992

Title: MISS

Age:

9Y

Forenames:

RACHAEL

Sex:

FEMALE

Phone:

Address:

Post Code:

Prev. Name:

Temp. Address

Post Code:

Phone Number:

FAMILY DOCTOR

Name: DR ASHENHURST
Address: WATERSIDE H.C.
GLENDERMOTT ROAD
LONDONDERRY

Post Code: BT47 1AU

Phone Number:

NEXT OF KIN

Name: MARIE
Relationship: MOTHER
Address:

Post Code:
Phone (Home)
(Work):

EPISODIC DOCTOR
(if different from usual G.P.)

Name: DR E.M. ASHENHURST
Address: WATERSIDE H.C.
GLENDERMOTT ROAD
LONDONDERRY

Post Code: BT47 1AU

Phone Number:

ADMISSION DETAILS

Consultant: MR GILLILAND
Specialty: GENERAL SURGERY
Referred by: Accident
Admission Reason:
Operation/Procedures:

Theatre time (mins):
Expected length of stay:
Method of Admission:

EMERGENCY-VIA A&E
Accidents: Non Trauma
Source of Adm: USUAL RESIDENCE
Transf. from:
Intended Management: NORMAL ADMISSION
Category: HEALTH SERVICE PTNT

PERSONAL DETAILS

Religion:
Marital Status: SINGLE
Place of Birth:
CSA Number:
Occupation or School:
Occupation (HOH):
Benefits:

Admission Date: 07/06/01

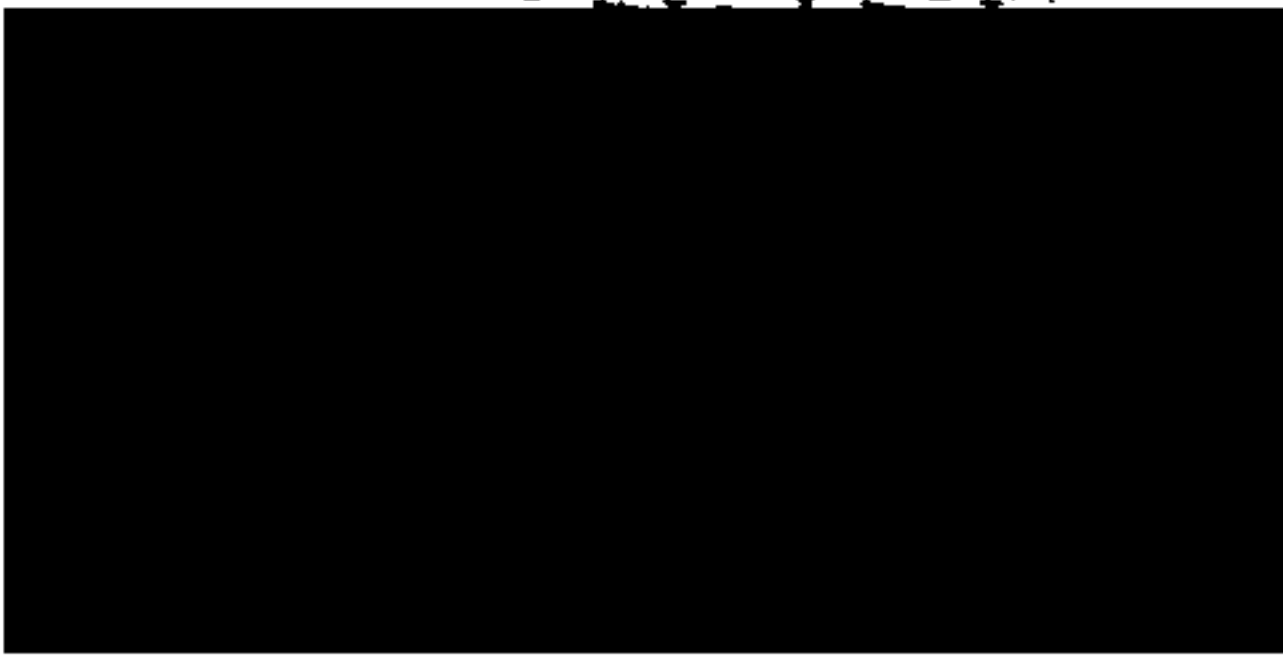
Time: 09:41 PM

Ward: CHW

Admitted By: JB1

PERSONAL DATA SHEET

PH 313854
FERNANDO



UNIQUE
0514212
NOV 1975
CONVULSANT

SPECIAL INFORMATION EG. SENSITIVITIES

SURNAME: Mr./Mrs./Miss

FIRST NAMES

DATE OF BIRTH

HOSPITAL NUMBER

313854

ADDRESS

OCCUPATION

RELIGION

PATIENT'S BLOOD GROUP

GR

H.R.

ENTERED BY

GENERAL PRACTITIONERS NAME & ADDRESS

Askenhiser

IN THE EVENT OF DEATH

DATE AND TIME

CAUSE OF DEATH

(i) (A)

DUE TO (B)

DUE TO (C)

(ii)

NEAREST RELATIVE OR FRIEND

NAME

Maria (M.H.S.)

ADDRESS

Tel. No. to be used in emergency

IN PATIENT TREATMENT

DATE ADMITTED	WARD	DATE DISCHARGED	DIAGNOSIS	OPERATION/TREATMENT
1 7/6/01	CHW			
2				
3				
4				

RF - ALTNAGELVIN

020-001-002