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
Forenames: RACHAEL
Date of Birth: 04/02/1992
Age: 9Y
Sex: FEMALE
Title: MISS
Phone: [redacted]
Address: [redacted]
Post Code: [redacted]

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: [redacted]

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: [redacted]

PERSONAL DETAILS

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

NEXT OF KIN

Name: MARIE
Relationship: MOTHER
Address: [redacted]

Post Code: [redacted]
Phone (Home)
(Work).

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

Admission Date: 07/06/01

Time: 09:41 PM

Ward: CHW

Admitted By: JB1

RF - ALTNAGELVIN 020-001-001

PERSONAL DATA SHEET

[redacted]

SURNAME: Mr./Mrs./Miss .....

FIRST NAMES .....

DATE OF BIRTH .....

HOSPITAL NUMBER :- 313854

ADDRESS .....

.....

OCCUPATION .....

RELIGION [redacted]

GENERAL PRACTITIONERS NAME & ADDRESS :-

Ashurst

NEAREST RELATIVE OR FRIEND :-

NAME : Mrs [redacted]

ADDRESS .....

.....

Tel. No. to be used in emergency :- [redacted]

SPECIAL INFORMATION EG. SENSITIVITIES

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.....

.....

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PATIENT'S BLOOD GROUP

GR ..... H.R .....

ENTERED BY :-

IN THE EVENT OF DEATH :-

DATE AND TIME .....

.....

CAUSE OF DEATH :-

(i) (A) .....

DUE TO (B) .....

DUE TO (C) .....

(ii) .....

.....

IN PATIENT TREATMENT

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

RF - ALTNAGELVIN

020-001-002