Referral to Glne Hospital Date 12.4.02.

Consultant ..... Department Children 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

Address [redacted] Date of Birth 5 11 98

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 Calpol

History / Examination: Drowsy + lethargic
Floppy + Not drinking

O/E Temp 38°
Mucosa moist.

Provisional Diagnosis:

Past History: Ears -- Throat -
CVS - RS - Abd

Present Medication:

Known Allergies: △ ? UTI.
Needs fluids

Other Relevant Information:

DOCTOR'S OR PRACTICE STAMP
[redacted]
Granville

Doctors Signature ..... (Cypher No.) .....

MR48

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