

Referral to Gene Hospital

Date 12.6.00

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

Address



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 Capet

History / Examination:

Drowsy + lethargic

Happy + Not drinking

Provisional Diagnosis:

o/e Temp 38°

Mucosa moist

Past History:

feels - Throat -

CVS - RS - fine

Present Medication:

Δ ? UTI

Known Allergies:

Needs fluids

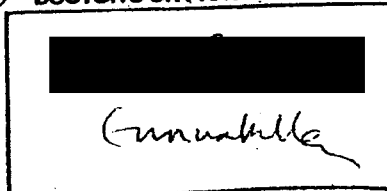
Other Relevant Information:

Doctors Signature

Finch

(Cypher No.)

DOCTOR'S OR PRACTICE STAMP



MR48

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