

WHSE

OMAGH/FERMANAGH HOSPITAL &
COMMUNITY SERVICES UNIT
ERNE HOSPITAL

PATIENT PROFILE

Surname: <u>Cassford</u>		Forenames: <u>Lucy</u>		Marital Status	
Address: <u>[REDACTED]</u>		Next of Kin: <u>[REDACTED]</u>		Relationship: <u>[REDACTED]</u>	
Date of Birth: <u>5/11/98</u>		Age: <u>12</u>		Ward: <u>W</u> Hosp. No. <u>123000</u>	
Date Admitted: <u>12/4/00</u>		Time Admitted: <u>19.30</u>		Consultant: <u>Dr. O'Donohue</u>	
Occupation: <u>Telephone engineer</u>		G.P.: <u>Dr. Conner</u>		Tel. No. Home: <u>[REDACTED]</u>	
Religion: <u>[REDACTED]</u>		Other: <u>[REDACTED]</u>		Business: <u>[REDACTED]</u>	
Allergies/Reactions: <u>None known</u>		Informed? <u>[REDACTED]</u>		YES/NO	
Vaccinations: <u>up to date</u>		Dependents? <u>[REDACTED]</u>		No. of Children: <u>[REDACTED]</u>	
Relevant Family History of Illness: <u>[REDACTED]</u>		Lives with: <u>[REDACTED]</u>		Place in Family: <u>[REDACTED]</u>	
None relevant.		Type of Accommodation: <u>[REDACTED]</u>		Facilities Lacking: <u>[REDACTED]</u>	
Rel. Pas. History of Illness/Operations: <u>[REDACTED]</u>		Community Services: <u>[REDACTED]</u>		Social Report Requested: <u>[REDACTED]</u>	
Respiratory.		Medications on Admission: Kept in Hospital? Retd?		YES/NO	
Calpol given @ 18.30.		Dentures: <u>[REDACTED]</u>		Valuables: <u>[REDACTED]</u>	
FINAL DIAGNOSIS: <u>[REDACTED]</u>		Property Book No. <u>[REDACTED]</u>		Valuables to Relatives? <u>[REDACTED]</u>	
SUMMARY OF PROBLEMS: <u>[REDACTED]</u>		Supp. Benefit? <u>[REDACTED]</u>		YES/NO	
Discharge: <u>St. Mary's</u>		Signature of Nurse: <u>[REDACTED]</u>		LPC 2/98/014	

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