[redacted]

Hospital

Consultant Department Children's Ward

Emergency Admission
Normal / Urgent / Semi Urgent Appointment for O.P. Clinic

Details of Patient:

Surname Crawford Mr. / Mrs. / Miss

Forenames Darcy

Previous Surname Date of Birth 5 / 1 / 98

Address [redacted] 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
Happy + Not drinking
o/e Temp 38°
Mucosa moist

Provisional Diagnosis:

Past History: Ears - Throat -
ENT - Asthma

Present Medication:

Known Allergies: - ? UTI
Needs bloods

Other Relevant Information:

DOCTORS OR PRACTICE STAMP
Dr E Connolly
Consultant

Doctors Signature (Cypher No.)

043-053-101

LC-SLT