

CHILDREN'S HOSPITAL

HOSPITAL
NUMBER

5 0 7

1-3

NAME

STRAIN ADAM

UNIT
NUMBER

364377

4-13

ADDRESS

[REDACTED]

14-15

BIRTH SURNAME

SEX

M - MALE

F - FEMALE

16

DATE OF BIRTH

0 4 0 8 9 1

17-22

OCCUPATION

NOTE: Where patient is a 'child', 'at school'
or a 'housewife' please state occupation
of head of household

23

MARITAL STATUS

1 - Single

2 - Married

3 - Widowed

DATE OF ADMISSION

3 0 0 4 9 2

24-31

ADMISSION TYPE

1 - Immediate

4 - Booked (Non Maternity)

6 - Born in Hospital

2 - Waiting List

5 - Booked (Maternity)

3 - Other Hospital

32

DATE PLACED ON WAITING LIST OR BOOKED (NON MATERNITY)

[REDACTED]

33-38

ACCIDENT

1 - Home - Burns

5 - Home - Poisoning, Other

9 - At Work

13 - Other

2 - Home - Scalds

6 - Home - Other

10 - Sport

14 - Not Applicable

3 - Home - Falls

7 - RTA

11 - Civil Disturbance

4 - Home - Poisoning, Inhalation

8 - School

12 - Assault

39

CONSULTANT

DR M SAVAGE

6 1 7 0

40-43

No. OF FORM IN BATCH

[REDACTED]

44-46

OWN DOCTOR

DR SCOTT
THE SURGERY
9 BROOK STREET
HOLLYWOOD

TELEPHONE:

[REDACTED]

RELATIVE OR OTHER PERSON
FOR CONTACT IN EMERGENCY

[REDACTED]

TELEPHONE:

[REDACTED]

PREVIOUS ATTENDANCES

YES/NO

WARD

MUSG

ADMITTED BY

PW

TIME

22:27