CHILDREN'S HOSPITAL

HOSPITAL NUMBER 5 0 7

NAME STRAIN ADAM

UNIT NUMBER 364377

ADDRESS [redacted]

BIRTH SURNAME

SEX M - MALE F - FEMALE

DATE OF BIRTH 0 4 0 8 9

OCCUPATION

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

MARITAL STATUS

1 - Single 2 - Married 3 - Widowed 4 - Other 5 - [redacted]

[redacted]

1 - [redacted]
4 - [redacted]
7 - Not Known

DATE OF ADMISSION 2 0 0 4 9

ADMISSION TYPE

1 - Immediate 2 - Waiting List 3 - Other Hospital
4- Booked (Non Maternity) 5 - Booked (Maternity)
6 - Born in Hospital

DATE PLACED ON WAITING LIST OR BOOKED (NON MATERNITY)

ACCIDENT

1 - Home - Burns 2 - Home - Scalds 3 - Home - Falls 4 - Home - Poisoning, Inhalation
5 - Home - Poisoning, Other 6 - Home - Other 7 - RTA 8 - School
9 - At Work 10 - Sport 11 - Civil Disturbance 12 - Assault
13 - Other 14 - Not Applicable

CONSULTANT DR M SAVAGE 6 1 7 0

No. OF FORM IN BATCH

OWN DOCTOR

DR SCOTT
THE SURGERY
9 BROOK STREET
HOLYWOOD

TELEPHONE: [redacted]

RELATIVE OR OTHER PERSON FOR CONTACT IN EMERGENCY
MRS STRAIN
[redacted]

TELEPHONE: [redacted]

PREVIOUS ATTENDANCES

YES / NO

WARD MUSG

ADMITTED BY JL

TIME 09:59

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