

CHILDREN'S HOSPITAL

HOSPITAL
NUMBER

5 0 7

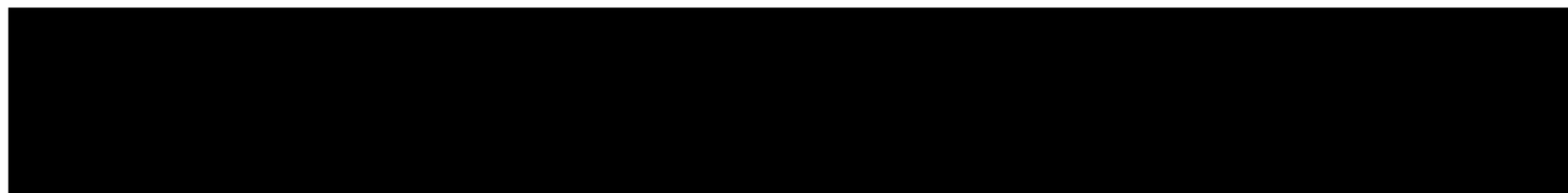
NAME

STRAIN ADAM

UNIT
NUMBER

364377

ADDRESS



BIRTH SURNAME

SEX M - MALE
F - FEMALE

M

DATE OF BIRTH

0 4 0 8 9 1

OCCUPATION

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

0

MARITAL STATUS

1 - Single 2 - Married 3 - Widowed
4 - Other 5 - Not Known

1

RELIGION

1 - Church of Ireland 2 - Presbyterian 3 - Methodist
4 - Roman Catholic 5 - Jewish 6 - Other (specify)
7 - Not Known 8 - Hindu

0

DATE

ADMISSION TYPE

1 - Emergency 2 - Waiting List
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

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CONSULTANT

DR M SAVAGE

6 1 7 0

No. OF FORM IN BATCH

OWN DOCTOR

DR SCOTT
THE SURGERY
9 BROOK STREET
HOLYWOOD

TELEPHONE:



RELATIVE OR OTHER PERSON
FOR CONTACT IN EMERGENCY
MRS STRAIN



TELEPHONE: MOTHER

PREVIOUS ATTENDANCES

YES/NO

WARD

MUSG

ADMITTED BY

JL

TIME

10:41

054-011-026

AS - ROYAL