CHILDREN'S HOSPITAL

HOSPITAL NUMBER: 507 (1-3)

NAME: STRAIN ADAM

UNIT NUMBER: 364377 (4-13)

ADDRESS: [redacted]

(14-15)

BIRTH SURNAME

SEX: M - MALE, F - FEMALE: M (16)

DATE OF BIRTH: 04 08 91 (17-22)

OCCUPATION

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

(23)

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

(39)

CONSULTANT: DR M SAVAGE

6170 (40-43)

No. OF FORM IN BATCH

(44-46)

OWN DOCTOR

DR SCOTT
THE SURGERY
9 BROOK STREET
HOLYWOOD

TELEPHONE: [redacted]

RELATIVE OR OTHER PERSON FOR CONTACT IN EMERGENCY

MRS STRAIN

[redacted]

B

TELEPHONE: MOTHER

PREVIOUS ATTENDANCES

YES / NO

WARD

MUSG

ADMITTED BY

MAJ

TIME

11:32

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