

CHILDREN'S HOSPITAL

HOSPITAL
NUMBER

5 | 0 | 7

NAME

STRAIN ADAM

UNIT
NUMBER

364377

ADDRESS

[REDACTED]

[REDACTED]

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

[REDACTED]

MARITAL STATUS

1 - Single

2 - Married

3 - Widowed

4 - Other

5 - Not Known

1

RELIGION

1 - Church of Ireland

4 - Roman Catholic

7 - Not Known

4

2 - Presbyterian

5 - Jewish

9 - None

3 - Methodist

6 - Other (specify)

7

DATE OF ADMISSION

2 | 6 | 1 | 1 | 9 | 2

ADMISSION TYPE

1 - Immediate

4 - Booked (Non Maternity)

6 - Born in Hospital

2 - Waiting List

5 - Booked (Maternity)

3 - Other Hospital

[REDACTED]

DATE PLACED ON WAITING LIST OR BOOKED (NON MATERNITY)

[REDACTED]

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

[REDACTED]

CONSULTANT

DR M SAVAGE

6 | 1 | 7 | 0

No. OF FORM IN BATCH

[REDACTED]

OWN DOCTOR

DR SCOTT
THE SURGERY
9 BROOK STREET
HOLLYWOOD

TELEPHONE:

[REDACTED]

RELATIVE OR OTHER PERSON
FOR CONTACT IN EMERGENCY
MRS STRAIN

[REDACTED]

TELEPHONE:

[REDACTED]

PREVIOUS ATTENDANCES

YES / NO

WARD

MUSE

ADMITTED BY

PAH

TIME

12:58

AS - ROYAL

054-042-097