

CHILDREN'S HOSPITAL

HOSPITAL
NUMBER

5 1 0 1 7

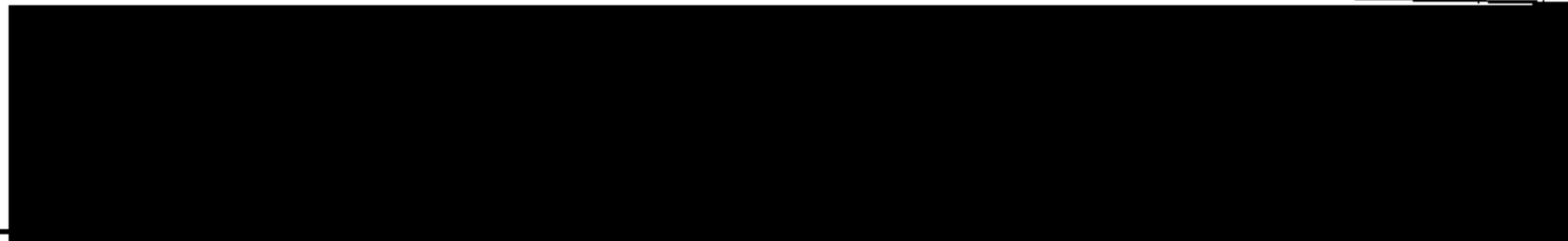
NAME

STRAIN ADAM

UNIT
NUMBER

3 6 4 3 7 7

ADDRESS



BIRTH SURNAME

SEX

M - MALE

F - FEMALE

DATE OF BIRTH

0 4 0 8 2 1

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 - Not Known

RELIGION

1 - Church of Ireland
4 - Roman Catholic
7 - Not Known

2 - Presbyterian
5 - Jewish
9 - None

3 - Methodist
6 - Other (specify)

DATE OF ADMISSION

2 0 1 0 2 2

ADMISSION TYPE

1 - Immediate

4 - Booked (Non Maternity)

5 - Born in Hospital

2 - Waiting List

5 - Booked (Maternity)

3 - Other Hospital

DATE PLACED ON WAITING LIST OR BOOKED (NON MATERNITY)

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

CONSULTANT

DR D CARSON

No. OF FORM IN BATCH

6 1 6 2

OWN DOCTOR

DR SCOTT
THE SURGERY
9 BROOK STREET
HOLLYWOOD

TELEPHONE:

RELATIVE OR OTHER PERSON
FOR CONTACT IN EMERGENCY
MRS STRAIN

TELEPHONE:

PREVIOUS ATTENDANCES

YES/NO

WARD

ADMITTED BY

TIME

MUSG

JL

09 = 42

054-050-115

AS - ROYAL