CHILDREN'S HOSPITAL

HOSPITAL NUMBER [redacted] 1-10

NAME STRAIN ADAM

UNIT NUMBER [redacted] 11-15

ADDRESS [redacted]

BIRTH SURNAME

SEX M - MALE F - FEMALE 16

DATE OF BIRTH 17-22

OCCUPATION NOTE: Where patient is a 'child', 'at school' or a 'housewife' please state occupation of head of household 23

MARITAL STATUS 1 - Single 2 - Married 3 - Widowed 4 - Other 5 - Not Known 24

RELIGION 1 - Church of Ireland 2 - Presbyterian 3 - Methodist 4 - Roman Catholic 5 - Jewish 6 - Other (specify) 7 - Not Known 9 - None 25

DATE OF ADMISSION 26-31

ADMISSION TYPE 1 - Immediate 2 - Waiting List 3 - Other Hospital 4- Booked (Non Maternity) 5 - Booked (Maternity) 6 - Born in Hospital 32

DATE PLACED ON WAITING LIST OR BOOKED (NON MATERNITY) 33-38

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 D CARSON 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]

TELEPHONE: [redacted]

PREVIOUS ATTENDANCES

YES / NO

WARD

MUSG

ADMITTED BY

JEL

TIME

09:42

054-050-115

AS - ROYAL