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CHILDREN'S HOSPITAL

HOSPITAL NUMBER 5 0 7 (1-3)

NAME STRAIN ADAM

UNIT NUMBER 3643772 (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)

MARITAL STATUS: 1 - Single; 2 - Married; 3 - Widowed; 4 - Other; 5 - Not Known: 1 (24)

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

DATE OF ADMISSION: 15 12 93 (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 M SAVAGE: 6170 (40-43)

No. OF FORM IN BATCH (44-46)

OWN DOCTOR

DR SCOTT
THE SURGERY
9 BROOK STREET
HOLYWOOD

TELEPHONE:

0232 426984

RELATIVE OR OTHER PERSON FOR CONTACT IN EMERGENCY

[redacted]

TELEPHONE: [redacted]

PREVIOUS ATTENDANCES

YES / NO

WARD: MUSG

ADMITTED BY: JL

TIME: 09:46

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