CHILDREN'S HOSPITAL

HOSPITAL NUMBER: 5 0 7 (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: 0 4 0 8 9 1 (17-22)

OCCUPATION

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

(23-25)

MARITAL STATUS

1 - Single
4 - Other

RELIGION

1 - [illegible]
4 - Roman C
7 - Not Known

(27)

DATE OF ADMISSION: 1 7 1 1 9 3 (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 — 6 1 7 0 (40-43)

No. OF FORM IN BATCH (44-46)

OWN DOCTOR

DR SCOTT
THE SURGERY
9 BROOK STREET
HOLYWOOD

TELEPHONE:
87-6984

RELATIVE OR OTHER PERSON FOR CONTACT IN EMERGENCY

[redacted]

TELEPHONE: [redacted]

PREVIOUS ATTENDANCES

YES / NO

WARD: MUSG

ADMITTED BY: MAJ

TIME: 15:17

055-029-055

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