CHILDREN'S HOSPITAL

HOSPITAL NUMBER: 507 (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	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 - [illegible]	(24)
RELIGION	(25)
DATE OF ADMISSION	13 08 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	5170 (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: AM TIME: 11:30

055-037-070

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